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THE
AMERICAN
JOURNAL OF INSANITY,

EDITED BY
THE OFFICERS OF THE NEW YORK STATE
LUNATIC ASYLUM, UTICA.

VOLUME II.

The care of the human mind is the most noble branch
of medicine.—GROTIUS.

UTICA:

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A M E R I C A N JOURNAL OF INSANITY.

FOR JULY, 1845.

ARTICLE I.

HISTORICAL AND DESCRIPTIVE ACCOUNT OF THE BLOOM-
INGDALE ASYLUM FOR THE INSANE. BY PLINY EARLE,
M. D., PHYSICIAN TO THE INSTITUTION.

1st. Origin And Progressive History.

“In the year 1770, some of the philanthropic and public spirited inhabitants of the City of New York subscribed certain sums of money for the purpose of establishing a public Hospital, and a petition was presented by Peter Middleton, John Jones, and Samuel Bard, all eminent physicians, to Lieutenant Governor Colden, then Commander-in-Chief of the province of New York, for a Charter of incorporation, which was, in consequence, granted the following year, by the Earl of Dunmore, Governor and commander-in-chief of the province.

“By this Charter, dated the 13th of June, 1771, the Mayor, Recorder, and Aldermen and assistants, of the City of New York, the rector of Trinity Church, the ministers of the several other city Churches, the president of King’s (now Columbia) college, and a number of the principal inhabitants of the city were named as members, and incorporated, by the name, ‘The Society of the Hospital of the City of New York, in America!’ This title, by an act of the State Legislature passed March 9th, 1810, was changed to ‘The Society of the New York Hospital.’ Twenty-six ‘Governors’ were named in the

original Charter, and to them the management of the affairs and business of the institution was intrusted. They held their first meeting on the 25th. of July, 1771.

"Through the influence of Dr. John Fothergill and Sir Willian Duncan, considerable contributions were made to the Society by many of the inhabitants of the city of London and other places in Great Britain." The provincial Legislature promoted the object by granting an annuity from the year 1772 until the commencement of hostilities between Great Britain and American colonies, and since the close of the revolution, the Government of the State of New York, has from time to time, greatly assisted the institution by its munificence.

The original building, erected upon a lot bounded upon its southern extremity, by Broadway, accidentally took fire before its entire completion, and was nearly consumed. This was on the 28th of February, 1775. It was soon afterwards so far repaired that "During the war, it was occupied by the British and Hessian soldiers as a barracks, and occasionally as a hospital."

"The effects of the war upon the circumstances of our citizens, and the general derangement of affairs prevented any attention to the institution, and it was not until the 3d of January, 1791, that the house was in a condition to receive patients." On that day eighteen were admitted.

"The earliest account of the admission of *insane* patients into this hospital is found in the first number of the Medical Repository, published in July, 1797. It there appears, that in the month of May of that year, *two* cases of mania were admitted, two cured, and one died; that in the month of June following, *seven* cases of mania were admitted, two cured, and two relieved. So it seems that at an early period a portion of the building was set apart for the accommodation of the Insane."

"The next notice of insane patients in the Hospital is taken from a table exhibiting the numbers remaining in

the house, and those received during the following months of the year 1798.

REMAINING FROM LAST MONTH.	RECEIVED THIS MONTH.
April,	7
May,	7
June,	9
July,	9
August,	8
September,	9
October,	7
November,	5
December,	5

“As early as 1802, a plan was in agitation to adapt the Hospital more extensively to the accommodation, management, and cure of lunatics.”

“From a ‘Brief Account of the New York Hospital’ published in 1804, we learn that during the eight years which began with the 31st of January, 1795, and ended with the 31st of December 1803, the number of patients admitted was 4,922. Of these, *two hundred and fifteen* were lunatics.”

“The rapid increase of insane patients, their necessary confinement in a limited space, the evident evils resulting from the imperfect manner in which they were lodged, their proximity to other wards, and the consequent annoyance of the sick, determined the Governors of the Hospital to erect a distinct building for their use. This edifice called the ‘Lunatic Asylum,’ was completed and opened for the reception of patients on the 15th July, 1808, when nineteen were removed from the other building, and forty-eight were admitted; making, in all, sixty-seven.” During a period of thirteen years this “Asylum” was devoted to the object for which it was constructed, and since the expiration of that time has been known as the marine department of the New York Hospital; while, however, it was still occupied by the insane and “as early as 1815, it was deemed necessary

to make still more ample arrangements for that class of patients. The Hospital which had been built almost literally in the country, was now found, in consequence of the rapid increase of inhabitants, to be in the centre of a bustling population. This being incompatible with the treatment of a class of patients requiring both seclusion and free exercise in the open air, some benevolent individuals among the Governors, (and of these, the late Thomas Eddy, for his ability, zeal, and quiet, though efficient exertions, can never be forgotten) conceived the plan of purchasing a farm at a convenient distance from the city, and of forming thereon a sort of insane colony. It was at this period that the celebrated investigation, before a committee of the British House of Commons, 'into the state of the mad-houses,' was going on, and that the almost wonderful success of the Friends' Retreat, (near York, England,) was promulgated. Mr. Eddy made a communication on the subject to the Board of Governors, and pointed out the advantages that would flow from an enlarged and liberal system of moral treatment, similar to that pursued at the Retreat."

Participating in the philanthropic spirit which suggested this project, the Governors immediately took measures for its prosecution and completion. A tract of land upon the Bloomingdale road, seven miles from the City Hall, was purchased, and a plan for the edifice being adopted, the corner stone was laid on the 17th day of May, 1818. This, the principle building of the Bloomingdale Asylum for the Insane, was completed and opened for patients on the 16th of June, 1821.

The experience of a few years demonstrated the necessity of extending the accommodations, and particularly of increasing the facilities for a judicious classification of the inmates. Accordingly, another and smaller building, for a portion of the male patients, was erected in

1829, and a similar one for a part of the females in 1837. The whole cost of the buildings and improvements, bedding, furniture, &c., included, from the commencement of the establishment, to the 1st of January, 1839, was about *two hundred thousand dollars*. Since the time last mentioned, many minor improvements, requisite to the perfection of the institution, in its details, have been made, but it is unnecessary to enumerate them in this place.

2d. Organization.

The general direction and supervision of the Asylum, has, from its beginning, been vested in a Committee of six persons chosen from and by the Board of Governors of the New-York Hospital. It is elected annually, and but four of its members are eligible to reappointment.

This Committee meets at the Asylum, for the transaction of business, and the inspection of the premises, on the Saturday next preceding the first Tuesday of every month.

“A sub-committee, consisting of two persons, meets weekly to examine the house, and attend to the various matters of detail to which their attention may be directed. An inspecting Committee, composed of two persons from the other members of the Board, also visits the Asylum once a month. The same duty is incumbent upon the President and Vice-President.” These several authorities are required to report their proceedings to the Board of Governors, at their monthly meetings.

The officers of the Asylum are nominated by the Asylum Committee and elected, annually, by the Board of Governors. They originally consisted of a Superintendent, a Matron, a Visiting Physician and a Resident Physician. The Superintendent was the principal officer of the institution, his duties involving the control of every department, excepting that of medical treatment.

From the opening of the institution until August 20, 1831, a period of more than ten years, the places of Su-

perintendent and Matron were occupied by Laban Gardner and his wife. They were succeeded by Ira Ford and his wife. Dr. John Neilson, who was elected to fill the vacancy, at the old Asylum, caused by the resignation of Dr. William Handy, in 1819, was made physician to the Bloomingdale Asylum in 1821. "He continued to visit the institution, first as attending and subsequently as consulting physician, until 1831, when he resigned." He was assisted during a part of the years 1823 and 1824, by Drs. Mott, Stevens, Cheeseman, Cook, Hosack, Watts and Rogers. The Resident Physicians during the time of Dr. Neilson's connection with the institution, were as follows :

Dr. James Eddy, from June 1821 to June 1822.

Dr. Albert Smith, from June 1822 to March 1824.

Dr. John Neilson, Jr., from March 1824 to May 1824.

Dr. Abraham V. Williams, from May 1824 to June 1825.

Dr. James McDonald, from June 1825 to December 1830.

Dr. Guy C. Bayley, from December 1830 to October 1832.

In 1831 the Board of Governors resolved to modify the organization of the institution. The office of Attending Physician was abolished and the Resident Physician was made the principal officer. To him was entrusted the procuring of attendants for the patients, as well as the whole direction of treatment, both medical and moral, of the latter. The care of the farm and the finances, the purchasing of provisions, and the hiring of all employees, with the exception of attendants, was vested in another officer, designated as "Warden." The office of Matron was continued, and that of Apothecary added.

"The Governors of the Hospital engaged Dr. James McDonald to visit Europe for the purpose of examining the hospitals for lunatics, and making himself acquainted with the economy, management, and mode of cure practiced in the best institutions of the kind there. He sailed in July, 1831, and after an absence of fifteen months, having visited the most celebrated hospitals for lunatics in France, England, and Italy, returned, and resumed

the charge of the Bloomingdale Asylum." During his absence the office of Physician was filled, as will appear above, by Dr. Bayley.

The names and time of residence in the Asylum of the several officers since the new organization, are as follows :

PHYSICIAN.

Dr. James McDonald, from Oct. 13, 1832, to Sept. 1, 1837.

Dr. Benjamin Ogden, from Sept. 1, 1837, to Sept. 16, 1839.

Dr. William Wilson, from Sept. 16, 1839, to April 1, 1844.

Dr. Pliny Earle, from April 1, 1844.

WARDEN.

Ira Ford, from August 20, 1831, to August 15, 1837.

George B. Pollock, from Aug. 15, 1837, to March 23, 1839.

William Boggs, from April 9, 1839, to April 1, 1843.

MATRON.

Mrs. Ford, from August 20, 1831, to August 15, 1837.

Mrs. Balch, from August 15, 1837, to June 5, 1840.

APOTHECARY.

Jarvis Titus, from February 17, 1833.

3d. *Of the Admission of Patients.*

When the Asylum was opened, fifty-two patients were transferred to it from the Lunatic Asylum in the city. A large majority of these were incurable, and no less than *nine* of them are still living, and under the care of the institution.

From June 16th, 1821, to June 10th, 1845, the whole number of admissions, including the 52 just mentioned, was two thousand nine hundred and ninety-two.

The daily average number of patients for each year may be seen in the table subjoined.

YEAR.	AVERAGE.	YEAR.	AVERAGE.
6 mo's of 1821.	68.54	1833,	107.12
1822,	85.80	1834,	120.16
1823,	101.61	1835,	136.71
1824,	116.47	1836,	152.69
1825,	120.33	1837,	146.77
1826,	88.16	1838,	142.81
1827,	90.95	1839,	130.50
1828,	89.18	1840,	127.62
1829,	82.87	1841,	130.28
1830,	88.01	1842,	116.07
1831,	97.08	1843,	104.76
1832,	95.92	1844,	106.91

The daily average for the first five months of the current year, (1845) has been 117.71; and the present number of patients. (June 10th) is 126.

During the years in which the average number was highest, there were from twenty to thirty pauper patients from the city of New-York. These were subsequently removed to the Asylum on Blackwell's Island.

The detailed statistics of the results of treatment would occupy more space than our limits allow, even if they were consistent with the nature of this article.—Hence they are left for future exposition.

4th. Moral Treatment.

The Bloomingdale Asylum was one of the first institutions for the insane in the United States, that went into operation under the auspices of persons whose avowed intention was to carry out, as far as practicable, the milder system of government pursued in some of the British and French Asylums.

For some reason, however, (and it may have been that those concerned in the management of the Asylum believed that mitigation of coercive and restraining measures was as great as circumstances would allow) means were adopted, which, at this day, would, to say the least, be thought unnecessary.

In the earlier years of the institution, some patients were chained, and others were confined, by leathern straps, to staples fixed in the door. At a subsequent period, the so called tranquilizing-chair was introduced, and for a series of years, continued as a means of restraint. It is hardly necessary to remark that all these methods of confinement have been entirely abolished. They are mentioned here only as matters of history. The same may be said of leathern straps for the ancles.

Leathern wristbands, mittens and muffs for the hands, have always been used, but they have now been almost entirely superseded by the *camisole*, a garment which, while it effects the object desired, imposes no uncomfor-

table restraint upon either the body or the limbs, and is not likely, like leathern apparatus, to abrade the skin. The appliance of restraining means is not permitted unless specially directed by the physician, and this order is given in such cases alone as seem imperiously to demand it. During the last six months neither strap, wristband muff, mitten, nor any other means of confining the limbs has, with but a single exception, been used in the male department. In the case excepted, the camisole was employed three days to prevent a patient from exposing himself to the cold. In the female department more frequent recourse to the means under discussion has been necessary. The camisole, however, has almost invariably been sufficient for the accomplishment of the object in view.

The various auxiliaries to moral treatment are abundantly supplied to the patients. Among these are manual labor, various games and other amusements, a good library, and horses and carriage for riding. Since the year 1832 a chaplain has been constantly employed to preach on the Sabbath, before an assembly of the patients and others connected with the establishment.* It is the intention of the Committee and the officers to make the Asylum a comfortable home, for the patients of what length soever may be their term of residence here. The attainment of this end is unquestionably, a great,

*The following extract gives an account of one of the earliest attempts in this country to introduce religious services into an Asylum for the insane:

"Adjoining the City Hospital (New York) is a considerable building which, on June 15, 1808, was appropriated for the reception of lunatic patients. A few years after this, it was mentioned to the Governors of the Hospital, that if divine service could be performed, and an instructive, consoling discourse delivered once a week to the more tranquil of the patients, the compassionate Saviour might be pleased to accompany the effort with his blessing. To this recommendation they very cordially acceded, and on the afternoon of August 31, 1819, the intended service commenced.

"About forty of the most composed of the patients were assembled, and several of the Governors, the Physicians of the house, and the Superintendent of the Hospital attended on the occasion. The patients conducted with great propriety, and many, of their own accord, knelt while prayer was offered, and several expressed their thanks at the close of the service."—*Memoir of the Rev. John Stanford, D. D.*

perhaps it may be said *the* great desideratum in an institution of this description.

5th. Description.

"The Bloomingdale Asylum," in the language of Dr. Macdonald, "is on a fine swell of ground, which, on the south and west, almost imperceptibly declines by a gentle slope to the adjacent country; while on the north and east it terminates more abruptly in a bold ridge extending across the island, and commanding the pass of the valley below. This situation, although not apparently so, is, after Fort Washington, the highest point of the island.

"The beauty of the grounds, and views from the main building, are almost unequalled. The approach to the Asylum from the southern entrance, by the stranger who associates the most sombre scenes with a lunatic hospital, is highly pleasing. The sudden opening of the view, the extent of the grounds, the various avenues gracefully winding through so large a lawn; the cedar hedges, the fir, and other ornamental trees, tastefully distributed or grouped, the variety of shrubbery and flowers; in fine, the assemblage of so many objects to please the eye, and relieve the melancholy mind from its sad musings, strike him as one of the most successful and useful instances of landscape gardening.

"There is, indeed, no private residence, or public establishment in the vicinity of the city, which for beauty of situation, or exercise of taste in the distribution of grounds, can compare with it."

There are three buildings which are used as dwellings. The principal one is constructed of reddish brown free-stone brought from New Jersey. It consists of a central edifice and two symmetrical wings, the former a few inches more than 57 feet, and each of the latter 77 feet long, making the whole length a fraction over 211 feet. The depth or width of the central portion is 61 feet, that of each wing 44 feet for about two thirds of its length, and 53 feet the remaining third. The whole structure is three stories in height, exclusive of the attic and a high base-

ment. It fronts a little to the westward of south. A hall 14 feet wide passes through each of the stories of the central portion, all crossed by transept halls 10 feet 6 inches wide, at the remote extremities of which doors open into the wings. There are 4 large rooms on each floor; those of the lower story being severally occupied as Governor's room, Physician's office, and Warden's office. Those of the stories above are devoted to the use of the officers. The wings are nearly uniform to their architectural arrangement. On each floor of either of them, a hall 10 feet 6 inches wide, corresponding with the transept of the hall in the centre building, passes the whole length, the apartments occupied by the patients being upon both its sides. These apartments are of various dimensions. The west wing is occupied by males, and the east by females. About 150 feet in the rear of the former, and forming a right angle with the principal edifice, there is another building occupied by males. This is 57 feet long, 32 feet 8 inches wide, and three stories high. The general arrangement of the Hall and apartments is similar to that of the wings of the main building already described. The Halls are 10 feet wide, and the rooms are mostly of uniform size, being 9 feet 2 inches in length by 7 feet 2 inches in width. In the rear of the eastern extremity of the principal edifice, and parallel with the building just described, stands a third, the basement of which is a laundry, while the upper two stories are occupied by female patients. It is 66 feet 6 inches long by 38 feet wide. The halls are 9 feet 6 inches wide, and the patients' rooms 9 feet 6 long by 6 feet 6 inches wide.

"The buildings under consideration," says Dr. McDonald, "which were constructed with reference chiefly to utility, are without those ornaments that distinguish the orders of architecture. The exterior of the main building presents an appearance of simplicity, beauty, and strength, happily combined. One of the ruling objects of the architect, besides constructing it in a man-

ner simple, neat, and secure, was to avoid giving it the semblance of a place of confinement. In accordance with this view, cast iron window sashes have been used in place of grates in most of the rooms, and the interior has been finished and furnished like a private dwelling. Some of the rooms are equal to any found in the best hotels and boarding houses, and the long corridors running the length of the wings, are light, airy, and uncommonly beautiful. It is worthy of remark, that the ceilings are higher, and ventilation better than in most of our public buildings.

There are six bathing rooms in the establishment, 2 in each wing of the principal edifice, and one in each of the smaller buildings. The water used in the Asylum is obtained from wells and springs, together with what is collected from the roofs. Several subteranean cisterns and six tanks in the attic of the main building, each holding 13 hogsheads, are the reservoirs for that which is collected from the source last mentioned. Every department devoted to patients is heated by air furnaces, with the exception of six day rooms in the principal building, in each of which there is a coal fire in either a grate or a stove. Coal is the principal fuel consumed in the establishment. There is indeed no "wood fire." Most of the water used in domestic purposes, and all that serves for the washing of clothes is heated by steam. There are two kitchens, one for the officers, the other for the rest of the household. Thirteen tables are set at each meal, one for the officers, ten for the patients, and two for the domestics.

The principal out buildings on the premises are a barn, including stables and carriage-house, an ice-house, and a green-house, or conservatory. The barn is large and built of stone in the most substantial manner. The green-house contains about seven hundred plants, many of them rare and beautiful exotics.

The farm consists of two distinct tracts, one of about thirty acres, the other of about fourteen. The former alone is cultivated. The Asylum buildings stand upon

it, at a place a little northward of its centre. It is appropriately subdivided, so that by a rotation of crops, all the garden vegetables and hay together with a considerable quantity of potatoes, corn, oats, and other grain, are produced upon it. It is also well planted with choice fruit-trees, many of them now at the age of most prolific bearing.

Among the domestic animals are one yoke of oxen, eight cows, and five horses.

NOTE—In the preparation of the foregoing account of the Bloomingtondale Asylum, the language of others has been used wherever it could be introduced consistently with the brevity of the article. The quotations are chiefly from two works; one of them an essay on the Statistics of the institution in question, written by James Mc Donald, M. D., and published in the first volume of the "New York Journal of Medicine and Surgery," and the other a small book entitled "Charter of the New York Hospital, and the laws relating thereto, with thy Bye-laws and Regulations of the institution, and those of the Bloomingtondale Asylum for the Insane."

ARTICLE II.

MODERN IMPROVEMENTS IN THE CONSTRUCTION, VENTILATION, AND WARMING OF BUILDINGS FOR THE INSANE.

With a Design for "the Butler Hospital for the Insane," at Providence Rhode Island. By LUTHER V. BELL, Physician and Superintendent of the McLean Asylum for the Insane, Somerville, Massachusetts.

[It is perhaps known to most of those interested in the insane asylums, and insane of this country, that an amount of funds exceeding one hundred and thirty thousand dollars was secured last season, for the purpose of establishing an institution at Providence, R. I. A portion of this, \$30,000, was the legacy of a distinguished philanthropist Mr. Brown.—Cyrus Butler, Esq. gave \$40,000, in view of which liberal contribution the institution was at once decided to bear his name, and the remaining portion was derived from smaller subscriptions of public bodies and private individuals. After the organization of a board of Trustees, and under a very liberal and appropriate legislative charter, a tract of land consisting of about 120 acres, two or three miles from the city of Providence was purchased. This was formerly known as the "Grotto Farm," from a beautiful and romantic ravine which crosses it, and surpasses in capabilities of improvement as regards its landscape beauties, any similar position which the writer has seen. It comprises an elevated plain, covered with forest trees and flowering plants, projecting headlands into the Seekonk river, which is expanded into a wide frith or estuary opposite its whole eastern line. The Trustees, on commencing the usual examination of other institutions with a view of determining the buildings which were required, were impressed with a doubt whether

better plans, in some respect, might not exist in Europe, where it was well known great attention had been paid within the last few years to the subject. It was obvious to them, that the institutions with us had been copied, essentially one from the preceeding, without important improvements, and it was not known that any individual, practically acquainted with the subject, had ever examined the institutions abroad, with this direct intention. With this feeling, and an honorable solicitude that, in applying the handsome amount of funds in their hands, the means of curing and relieving the insane should be advanced a step if possible, instead of remaining stationary, they resolved that the institutions abroad should be visited, during the winter, as their building operations could not be proceeded with before the Spring, and applied to the Trustees of the Massachusetts General Hospital for permission to send Dr. Bell, the Physician of the Mc Lean Asylum, who was understood to have some architectural and mechanical taste, on this mission. Consent was most freely accorded, and the voyage was immediately undertaken. Dr. B. sailed early in Jan. last, for London; after examining the various public and private metropolitan asylums, and the larger public ones to the south, he passed over to the continent—remained a fortnight at Paris and its vicinity, and thence through Belgium, intending to visit the institutions on the Rhine. Receiving however such information as led him to the opinion that his short stay, would not be most profitably expended in that direction, he returned to England and visited a very considerable portion of the most recent and best asylums in Great Britain. Amongst those, to which, as the most perfect and best designed, he gave the most particular attention, were the Surrey, Northampton, Leicester, Nottingham, Lincoln, Wakefield, the two at York, Glasgow, Edinburgh and Belfast. Many of the earlier and unimproved asylums were visited during the first part of his absence, but so little was found to remunerate him for the loss of time, that he devoted more of his attention afterwards to the details of such recently constructed edifices as were acknowledged to contain the most recent improvements.

The results of his observations were communicated in a Report to the Trustees of the Butler Hospital, from which the following abstract has been drawn, omitting most of the matters of minute details. It is designed to offer only such points as may be of service as general principles; the application of which must depend on the circumstances, extent, means, &c., of the institution which is to be constructed. The plan proposed is now in the hands of a competent architect for estimate and other practical points, and has not yet been actually determined upon. The intention is to proceed at once to carry forward the buildings.

It will be a gratification to those interested in the insane personally, as well as the science, to know that the Trustees have appointed Dr. Ray, for some years the head of the Maine Insane Hospital, and author of the work, (as well known and appreciated in Great Britain as at home,) on the "Medical Jurisprudence of Insanity," to the duties of Physician and Superintendent. Dr. R. has resigned his charge in Maine, and has seized the vacation occurring before the new institution can be completed to make a short visit to Europe, with a view to professional improvement.

Dr. Bell is full in his expressions of gratification at the truly fraternal manner in which he was everywhere received by the heads of the British institutions. It was the same in degree and warmth as that which, thus far, the heads of our asylums have shown towards each other. No formal introduction was anywhere needed; a mere statement of his pursuits and objects placed him at once on a footing of an old and intimate associate, and every kindness and facility was extended to him. His gratitude is due to so many, that space will not here permit his indulging in its expression.]

To the Trustees of the Butler Hospital for the Insane:

GENTLEMEN—A detailed account of the various institutions in Europe, visited by me in your behalf, with the

hope of adding the most recent improvements to the construction of the "Butler Hospital for the Insane," might be of adequate interest to those, who, like yourselves, have a direct and immediate concern in this class of charities. I feel, however, that I can better present the practical results of my observations by generalizing the facts acquired, with perhaps an occasional reference to particular institutions, to illustrate specific points.

Most of my available information has been drawn from the English and Scotch hospitals. Those on the continent, as far as I saw or could learn from reliable sources, however recent, costly, or well designed as regards their own citizens, had few points of a general kind, capable of being transferred to communities differing so entirely in social habits and ideas of comfort and convenience as ours.

The British institutions as respects architectural construction may be fairly divided into two classes, as built within the last ten or a dozen years, or previous to that date. The older ones have often, indeed generally, felt the influence of that intense interest and impetus, which has existed in England for the few last years as regards provision for the insane, and have been modified and improved as far as the original faults of construction would permit. Many have been recently abandoned for the insane, by being disposed of for alms-houses and other purposes, and if there should be no abatement of the present discriminating and effective zeal, it is probable many others will meet the same fate.

The older class of institutions usually had their location within the limits of a populous town or city, and were surrounded by a high fence, which did not prevent the grounds from being overlooked by houses. The land consists at most of a few acres; the airing courts were necessarily small and dark, and little free exercise in a pure atmosphere attainable to the great body of inmates. The buildings from the same paucity of land were thrown into four stories, considering the high basement as one, and of these the common mode of internal division was not

unlike that in most common use with us. A central house contains the departments for the officers, business offices, more or less of the kitchen and laundry and other domestic conveniences, and the like. A wing proceeds from each end of the house, often overlapping, so as to admit light and air to the long corridor which extends between two ranges of rooms on either side to the distant extremity, where another window is placed. This corridor rarely exceeds 10 or 12 feet in width, and when the wing is so long as to be incapable of being lighted from the ends, this defect is remedied in part by omitting one or more rooms towards the centre. The window at the end of the long corridor is usually of little service; as to prevent communication from the opposite wing, occupied by the other sex, it is necessary that it should be kept shut and made opaque. The day-rooms are usually two of the common sleeping apartments made into one, by omitting a partition; another room is divided into halves for the bathing-room, and the water-closet. Not unfrequently the corridor is the only day-room or place for the usual residence of the patients by day. The attendant's room is one of the common sleeping rooms, which may be selected, having no advantages as regards inspection by day or night. The corridor has never less than eight, and from this up to five and twenty rooms, on each side, and of course its length is very great as compared with its width. The usual sleeping rooms contain not over 75 superficial feet of floor, and the height varies from 8 to 10 feet.

The general aspect of buildings so constructed, it need not be said to any one who has ever visited them, is exceedingly dark, gloomy, monotonous and barrack-like.

The heating is effected by some variety of furnace in the cellar, which receives its air from outside, and delivers it, when warmed, into the galleries by flues in the brick wall. The ventilation is made by flues opening from the rooms into the attic, from which it escapes by some form of cap or cowl, and whatever change of air

occurs, is the result of the difference of gravity between the external and internal air.

The exterior of most of these edifices has a plain factory like elevation, the cupola and portico alone having any attempts at ornament, or giving them a public character.

In contrasting these with a later era of insane hospitals in Great Britain, and the same thing is true under a different form of change on the continent, the first great difference which strikes the eye, is the much greater spaciousness of the recent edifices, and the higher degree of external and interior finish and completeness.

This illustrates strongly the prevalence of a principle, which I found everywhere recognized, and declared as the practical fruit of much of the experience of the institutions, which were brought into existence during the interest following the Parliamentary enquiry thirty years since.

This principle is, that there is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply constructed and cheaply managed institutions; that the measure of expense of common paupers never should be regarded in providing for the insane; that a better class of alms-houses may be carried on for receiving lunatics, and dignified with the name of asylums or hospitals, with some degree of apparent success, but to do the greatest amount of good to the insane, the mind of the tax-paying community must be trained to understand and admit the necessity of expensive arrangements, and that if it is worth while to have any institutions beyond these receptacles in which the most patients, or rather the most sufferers, can be crowded together at the least charge, it is worth while to establish such as will accomplish all of cure or relief which is practicable.

It is true that there are many places, public and private, in England, where the only question asked before a patient is sent, is, is the weekly rate lower than anywhere else? At two private establishments in London, Bethnal Green, and Hoxton, a thousand patients are crowded together into what appears a collection of buildings in the rear or back yard of a crowded street, without classification, ventilation, employment, or other means

of comfort, to say nothing of cure. The general tone of feeling and action in England, was such as to render it certain that the days of *cheap* provision for the insane had passed away, after an experience of thirty years since hospitals were generally established.

This greater degree of spaciousness prevails throughout ; in the quantity of land expanded to fifty or a hundred acres, instead of a town lot ; in the area of ground plan of the buildings, rarely being run up to three stories, as far as the common apartments of the inmates are concerned ; in the galleries, which in no recent instance have rooms on more than one side, and are from 12 to 15 feet wide, and as many high, presenting thus a light, airy, and cheerful aspect, giving a window to many groups of patients, the attendants' rooms, large and commodious ; enabling this essential and all-important class of assistants to enjoy their limited intervals of sleep and relaxation in comfortable quarters, which at the same time are so arranged as to allow something to be known of the patients, even when the attendant is in his own room, the staircases, so numerous as to allow the classification to be unbroken ; the bathing-rooms, not in the galleries, as was the former very uncomfortable practice, but near them, and of very ample dimensions.

It is obvious that to have things on this enlarged scale of spaciousness must require much more extent of building, for the same number of patients, than in the old mode of cutting an edifice into as small cells, or bed-rooms, as were endurable. This is in part obviated by having a large share of the patients lodge in very spacious "associated dormitories" where a number, often as great as 20 to 30, are accommodated in beds arranged side by side, with an attendant's bed or room, so arranged, as to permit a constant inspection ; the water-closets, &c., being so placed, as to prevent any annoyance to each other.

It will be manifest that an immense economy of space and first cost will be saved by this system, unless there

are objections to it which should prevent its adoption. A reference to the Report of the Metropolitan Commissioners on Lunacy, (a work of wonderful sagacity and practical wisdom, on all points touching the practical treatment of the insane,) and the various Asylum Reports, which I communicate to you, will show that this system has been most generally adopted and approved of in Great Britain, as a mode of accommodating a large proportion of patients, advantageous on many accounts, of vastly higher importance than mere economy. I beg leave to call your attention to the abundant testimony on this point, contained in the documents referred to.

In examining this really most important point in construction, with the heads of all the institutions I visited, I was surprised to find an almost entire concurrence of opinion, that in the best plan for an institution, whether for rich or poor, old or recent, males or females, it was expedient to have a large part accommodated in associated dormitories. Most of these gentlemen were familiar with both systems, as the idea formerly was in England, as it has been with us, that an institution should have a room for each inmate.

With respect to the exact proportion between the numbers to be placed in associated, or in single dormitories, there was some diversity of judgment. While some would have no single rooms, except for such as we term *lodge* patients, others would prefer to have one-half, or one third of beds in single rooms. In a single instance only, was a large proportion of single rooms recommended. At the new and splendid Morningside Asylum, near Edinburgh, it will be seen by the plan that there are but six single rooms for 350 pauper patients. At Leicester and the York Asylums, I found common dormitories just made by removing portions of small rooms; at Lincoln the upper galleries had been discontinued as such, and were used as common dormitories.

The difficulties which will perhaps at once suggest

themselves, that patients in this proximity to each other would prevent sleep or otherwise annoy each other, were not found to exist in practice, the care taken in selecting subjects, and in means for a pure air and through inspection, appeared to overcome any trouble from such sources. I was further informed that it was deemed a great privation to sleep in a solitary room by those who had been inmates of the associated dormitory; that suicidal cases were much more easily and safely managed; that the presence of others had a happy effect in curbing and controlling those propensities to maniacal habits, tearing clothes, breaking glass, filthiness, and especially masturbation, which it is well known patients often govern during the day, when others are about them, but give an unrestrained vent to during the solitary hours of the night.

It was also represented as peculiarly favorable to the timid and apprehensive, who were quiet and contented when in society, but sleepless and wretched when left alone in darkness and solitude.

The greater facility of a perfect ventilation in those large dormitories, as compared with small cells, was obvious, and under the modern or exhaustive system of ventilation, hereafter to be described, I believe it practicable to maintain a pure atmosphere with any number of sleepers.

I am able to see nothing in the social habits or customs of the English, which would render any conclusions drawn from their experience inapplicable with us.

The entire experience of these institutions, corroborated by a trial of a year's duration at the McLean Asylum, commenced from necessity not choice, have convinced me that it is the true system, when carried to a proper extent, and that one-half of the patients may be as well or better provided for in associated dormitories, well arranged, as to light, inspection and ventilation, as in any other way.

* * * * *

The next great improvement in the recent institutions is in the heating and ventilation. The original mode of heating was by common fire-grates, protected by a frame

and net work, and locked. In fact, this mode is still collaterally used in day rooms, patients' rooms paying high prices, &c., in many of the English Asylums, not as I was, informed, from any inadequacy in the other heating means, but from the idea that it is essential to an Englishman's comfort, that he should be able to *see* the fire.

The hot-air furnace was next universally introduced under some of its thousand modifications, none of which met certain great and obvious objections, which render its employment inexpedient where an atmosphere of a high hygienic quality is as essential, as it is in an insane asylum.

It is a method at the present time universally in use with us, and as universally abandoned in Great Britain, in this class of institutions. I did not meet with it, in my visit, although it had just been superseded at several places by more approved methods.

When the flues for the admission and egress of air are very large, so that the hot air, when thrown into the rooms, is not much above the boiling point, the *cockle* or iron cover, so extensive as to be far removed from contact with the flame, and the apartments to be warmed, are directly above the furnace, its performance is tolerably satisfactory. It is however very difficult to obtain even this moderately satisfactory result; the air is in part *scorched* by contact with hot iron, a circumstance, whether to be explained or not on chemical theory, attended with a most decidedly prejudicial effect upon the health and feelings of perhaps a majority of those in health; the hot-air, if delivered by flues near the floor is liable to be contaminated by patients spitting into the register, or placing their feet against it, so that the whole air admitted is thus rendered offensive; a more mischievous or demented class will subject the flue to more offensive annoyances or injure themselves by placing their backs or heads against its outlet. If on the other hand, the register opens high enough to avoid these difficulties it will be found that the

hot-air will be not well disseminated, that the hottest portion will constitute a stratum next the ceiling, while that at the floor will be sour and carbonic.

It is undoubtedly these and other objections which have occasioned the entire abandonment of the modes of heating by bringing air in contact with heated metal at a high temperature. My own experience with, and observation of, this mode of heating asylums in our climate, leave no doubts on my mind, that it will be a happy day for our institutions, when the last piece of a thousand inventions and improvements for keeping air in contact with hot iron shall be turned into the old junk shop.

Whoever has experienced the pure, bracing, tropical breeze of tepid air flowing in general diffusion over a building warmed by steam or hot water, and changed by a reliable process of ventilation, will be scarcely satisfied with any atmosphere he will find in our institutions, which nevertheless may be called pure, and is so perhaps, as far as the mere olfactories are concerned. Indeed, it has been scarcely my luck to find in any building for any purpose, a hot-air furnace which does not occasionally deliver more or less impalpable dust and ashes, or smoke, as well as the empyreumatic odor of burnt particles.

The value of such an atmosphere as that derived from steam and hot water apparatus, and an exhaustive system of ventilation, was wonderfully demonstrated to me in comparing the intellectually active and cheerful countenances, the vigorous circulation, the aspect of good condition of inmates of a modern asylum, with the listless-apathetic, irritable indolence of those within the older places of detention. Although long impressed with the general hygienic importance of a pure atmosphere at a proper temperature, upon the general health and prospects of life of the insane, I never before fully realized its connection with their mental and moral condition. In melancholy, despondent subjects, it will be found, I think, that such an atmosphere is almost essential, in the winter

when the open air must be more or less denied to them.

The modes of heating buildings by steam and hot water, although known under many names and complications, patented and unpatented, are comprised under three principles : 1st, Heating by steam under pressure, so that a heat far beyond the boiling point of water, 212 degrees, is obtained, approaching even 5 and 600 degrees—the apparatus containing the water, thus sustaining a pressure of 11 to 1200 lbs. to the square inch. The intense heat of the water is shown by the fact, that if a space on the tube is filed bright, it assumes the straw and then the blue tinge, indicating that degree of heat. This is the invention of Mr. Perkins, and I investigated its working at the asylums at Northampton and at Belfast, in Ireland, and was satisfied that it was not a safe and advisable mode of heating an asylum for the insane. In view of the well known loss of tenacity of iron, long maintained at a high temperature and the immense pressure upon the tube, it cannot be deemed permanently safe; it violates the essential principle in healthy warming, that is, that large quantities of air should be introduced in a moderately warm state, instead of small quantities intensely heated. In fact the peculiar changes wrought upon the air by high heat are identical, whether the metal be raised to the heat by contact with burning fuel or water raised to the same degree.

The apparatus is quite expensive, as every part must be made very perfectly and strongly to sustain the test to which it is subjected. It consists simply of a tube of wrought iron an inch in diameter, with an internal calibre of about half an inch; this is coiled up so as to form an ordinary coal grate in which the fuel is placed. The tube is continued from the ends of this grate until a circuit is formed, running into every part to be warmed, along the side of the walls, or in a groove in the floor, as most convenient. At the most elevated portion, is an expanded portion, containing about 1-12 of the whole water, and hermetically sealed. The water, pure by distillation at

first, never requires to be changed. It circulates with a rapidity determined by its change of specific gravity from heat and its friction on the sides and curves of the tube. In practice the temperature at different points is found to vary so much as to defy all calculation. The heat is radiated into the apartment, and whatever air is necessary to ventilation, is admitted from the outside in a cold state, in which state it is well known a ready admixture with the warm air is not effected.

I conceive that an essential improvement in this apparatus would be made, by carrying the tubes in a large flue below the rooms into which the external air should be admitted, and the hot air drawn from this flue by the usual flues in the walls. A proper commingling of heated and cold air would be thus effected, and the hazards of explosions and of patients burning themselves prevented. I saw, however, little or nothing in this apparatus which would lead me to recommend its use in hospitals for the insane.

2d. The mild hot water apparatus, or where the temperature does not exceed 212 degrees, has had a great variety of forms. It may be so arranged as to radiate its heat directly into the apartment, by continuous tubes, or coils and ranges, in the form of sideboards, or filling any vacant recesses, as fancy may dictate, or the tubes may be arranged in a hot air chamber in the cellar to which the external air is admitted and drawn off whenever required. It is hardly necessary to say that for an insane asylum where the cold air should be mixed with the heated, before it is admitted, this last is the best method and the mode of doing this in large horizontal flues in the cellar the most convenient, as the air may thus be carried to any distance horizontally—a very necessary circumstance in an asylum, unattainable equally in any other mode, as far as I have seen.

The tubes are, in some new methods of warming a range of rooms gradually augmented in size as they go more distant from the boiler. The increased quantity of

water and radiating surface are thus made to compensate for the heat which has been parted with, and an equal portion reaches the nearest and most distant rooms.

Plates, wrought iron, cast iron and copper tubes of various dimensions are employed to retain the heated water and to constitute a radiating surface. I believe that tubes of cast iron from 3 to 7 inches in diameter, as at once cheap, presenting a good surface, easily connected and durable, are the best modes of using hot water for heating, and that they are best distributed in large plank or brick flues in the cellar, which may admit the external air in large openings or in smaller holes, if the *diffused* method is judged more eligible.

The practical objection to heating by this form of apparatus, as compared with steam, is the slow manner in which the heating up is effected, almost necessarily involving the necessity of a fire being maintained during the night.

3d. The modes of distributing steam to obtain its heating power, are essentially those of hot water. As its temperature is higher than hot water can be maintained in any apparatus, less radiating surface is requisite. The extent of tubular surface could not probably be determined by any previous calculations, as it would be materially influenced by the quantity of air that would be drawn from any particular gallery to keep a perfectly pure atmosphere. If the generating boiler was of due size, the repeated additions of separate ranges of iron pipe within the air flue would enable the maximum supply to be experimentally reached, and as these ranges would be connected only by receiving at one extremity the branches of a common steam pipe, the admission of steam into more or less of them could be regulated in accordance with the temperature, and the ventilation required.

My own convictions are altogether in favor of steam managed in this manner, as a means of warming an insane asylum. Generated and applied solely to this end, it might not be so economical as the hot air furnace, but as

forming one of the uses of a boiler designed also to furnish steam, for lifting water, cooking, washing, drying clothes, as I shall explain hereafter, I am inclined to believe it would be found not objectionable even in point of economy. Regarding the much higher hygienic quality of the air thus produced, I confess I regard some such mode as indispensable.

I have referred to the mode of ventilation common, indeed the only one used as far as I know in our institutions. Flues of a size inadequately small, being usually some 8 by 4 inches, carried up in a 12 inch brick wall, proceed from the bottom or top, or both of the apartments to the attic, where the open and foul air finds its escape by some form of cap or cowl. In a few instances, and certainly with the utmost advantage another flue descends from near the floor to the cellar, to admit air to replace that which diminished gravity from its expansion has induced to escape. Generally, however, the only air which can supply the place of that which escapes (and none can escape unless its place is thus filled,) must enter at cracks and accidental openings.

When a large body of heated air is admitted, and the wind is favorable, there are periods when these flues *draw* with sufficient activity, but generally their performance is very uncertain and inadequate, especially at those seasons when their use is most essential, as in the weather of our late Spring and early Fall, when a fire is not needed, nor is the opening of windows admissible. The internal heat of the building as compared with the external, the state of the currents of air and various other circumstances, in fact, all the curious causes, apparent and latent, which affect the draft of smoke flues, produce an endless variety of cross currents, counter drafts, regurgitations from the attic, which defy all remedy. Any valvular arrangements to meet these difficulties virtually effect a stoppage of the flues in calm weather when no great amount of heated air is admitted. In the same manner, any upward or extractive force expected from

cowls or caps turning to leeward will be dependent entirely on the force of the wind. When this is trifling, the obstruction from any apparatus of this kind, producing at least one right angle and more or less friction in the ascending current will actually obstruct the object.

Again, in a day room or single sleeping room, the little elevation of temperature resulting from animal heat, will not induce an upward ascent in a cold and rough flue, which instantly reduces the ascending air to a lower level than the room from which it ascended. Indeed any one who has attended carefully to the operation of these flues will readily admit that they draw any way and no way, beyond the reach of explanation. I believe that no institution can be found dependant on the natural ascent of air for ventilation, in which a pure atmosphere can be relied upon, or even generally experienced.

There is also this important objection to a natural ventilation in our hot, but uncertain, summer nights, that no sufficient change of atmosphere can be effected except through an open window. Enough air will not be carried upward through the flues to meet the want. The animal heat will not raise hot air enough to induce its ascent in contact with cool bricks.

To counteract these palpable and undeniable difficulties, (more urgent in our climate of sudden changes and wide extremes, than in almost any other,) a system of forcible extraction of the foul air of inhabited rooms has become universal, and it is deemed indispensable in the public institutions of Great Britain, from the Houses of Parliament, in arranging which the distinguished Dr. Reid has been engaged for years, down to prisons and houses of correction. This extraction is in all cases maintained by some more or less direct connection of the flues leading from the inhabited apartment with an ascending current of heated air artificially produced.

The modes of carrying this into effect must depend upon the circumstances of the building to be ventilated, a chimney with a powerful draft is essential. The flues

are led into a common flue of large size ; the current in this sometimes passes down to the ground where it turns its columns of foul air under a grate in a tall smoke flue. Or it may be turned directly into the ash-pit of the same fire which heats the building, or enter a smoke flue and receive its suction or extractive force from that source. A flue from the attic, having a fire at its lower end, occasionally is used to produce the upward current where the original foul air flues ran upward into the attic.

I cannot explain better my views as to the most effectual mode of ventilating an asylum for the insane, than by describing the system I saw at the Kent Lunatic Asylum at Maidstone. It has been in operation since the original buildings were constructed in 1833 and Mr. Poynder, the most intelligent medical head of the establishment who has had much practical experience, having formerly held the same station at the Gloucester Asylum, assured me that it had always been satisfactory in its working, and that it was equal to any mode he was acquainted with. I would premise that I do not think, that the mode of generating the hot air by hot water is sufficiently active for our climate. I believe steam the more eligible mode.

The external air is admitted to the hot air chamber in the cellar, through a flue under ground 4 or 5 feet high ; this terminates at a distance of a hundred feet in rear of the building, in a tower of moderate elevation crowned with a revolving cowl or cap 5 feet in diameter, having its open side kept to the wind by means of a large vane. The air thus received passes amongst a series of triangular iron pipes connected at the ends, so as to permit the hot water from a neighboring boiler, to circulate through them, and disposed in layers at right angles to each other, from which disposition it was supposed that little air would pass upwards without impinging against a heated surface. The heated air escaped in a large sized flue, at least three feet square, opening separately in each gallery by a still larger aperture at the ceiling,

where it was protected by a coarse wire netting. A pretty large sized opening was over every room door and from near the floor in each room, and at various places in the larger rooms and dormitories, flues about two feet in length and six inches wide, protected by a cast iron net work, were carried down in the partition, the angular corners of the room being cut off where necessary, to give space to so large a flue, into a large brick flue in the bottom of the cellar which delivered the foul air under the fire grate, where it supplied the fire. A strong active current was thus produced which had the effect of drawing the warm air into the apartments in addition to its natural ascensive power, distributes it over the whole house and towards the lower parts of the rooms, and extracts the foul air with so much activity, that even if foetid substances were placed in, or at the opening of the flue, no odor would be delivered into the rooms.

Under this exhaustive system, a water closet has a draft directly down, through its scat. Dampers are inserted in the main flues to regulate the admission and exit of air, and the calibres of different smaller flues are filled up experimentally until an equal, or desired draft is left to each.

I found this system to be, under all its modifications, simple, reliable, and effective, and such as must eventually be introduced in all constructions on land or water, designed to accommodate many persons in a small space.

In digesting a plan for the "Butler Hospital" from my somewhat copious supply of materials, (having been so fortunate as to obtain copies of the unpublished plans of a number of the best and most recent institutions,) I have been compelled to adopt the conclusion that for our country and climate, a right line, with projections at right angles and at the centre, is the most convenient form.—My opinion formerly was much in favor of separate buildings for the different sexes, and for the officers and offices of the household. There are certainly advantages in such a separation, but overruled by reasons of conve-

nience and economy ; particularly where it is designed to introduce the modern system of heating and ventilation. A most serious objection to the common quadrangular form, that patients from different sides are placed opposite and in view of each other, is obviated by the plan of having the kitchen and its appendages and the chapel over it, project between the two wings.

Both of the plans I offer, are based on this outline, and are intended to have two stories only, except at the centre house, and at the enlarged extremities, which are carried up another story to constitute large and airy "associated dormitories." In each, the accommodations for the worst class of patients are in the rear of the return wings, separated by doors and a gallery, from the others, but not detached from them. The expediency of having this class of inmates thus provided for, or placed in buildings entirely detached, has been a point much discussed by practical men. The better opinion appears to me to be, that *in a small institution*, the occasional disturbance to others from this class properly separated in the building is a less evil than their removal from the immediate observation of the head of an institution, as they beyond any other class require the most direct surveillance.

In both these plans, I have calculated for about one hundred and thirty patients, equally of both sexes; about one sixth are intended to be provided with apartments larger and more elegant than are required for those who do not pay a remunerating price.

When the institution is filled, about one half would be lodged in the "associated dormitories," which with the galleries are to be inspected from the attendants' rooms. There are to be six classes of each sex; a first and second class of high paying patients, divided according to the manifestations of disease; two galleries of common quiet cases, with associated dormitories attached for a part; a gallery for troublesome and demented, the latter having an associated dormitory, and one for the vociferous and furious. An entire separation in going out and com-

ing in and at all times, is provided for these respective divisions by separate stair cases. No. I of these designs will be found to be compounded essentially of the plans of the Northampton and Maidstone Asylums.

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No. II is the ground floor of an edifice, the elevation of which is intended to be in the Elizabethian or Tudor Gothic style of architecture. The general idea of the exterior is taken from one of the buildings of the Royal Glasgow Lunatic Asylum, a tracing from the architect's plan of which will be found amongst the papers in your possession. It is a very favorite taste in England during the last few years, and there are many reasons for its peculiar adaptation to hospitals for the insane and analogous purposes. It is not a classical order, and has no proportions or decorations which can not be made to meet the purposes and funds of the institution. Its general character and contour can be produced with comparatively little expensive work. It admits of a union of stone and brick work with neither anachronism nor incompatibility. At the Surrey Asylum, the buildings are of brick with Portland stone facings, at Liverpool, Belfast and other places red sandstone was used for this purpose.—The extent of stone necessary to produce a proper effect in this style is not great; the bands between the stories, the recessed door, the labels above the windows and perhaps a shield or two appear to be all. The ornamental chimnies, the bevelled sides to the windows, the embattled parapet, except the coping course to the latter, are all formed of brick moulded to that end.

Among the reasons which have induced me to think this style would be admirably suited to your construction, are the following. Its absolute or intrinsic beauty; its adaptedness to the beautiful site you have secured, as it would harmonize so happily with the forest, headland and water view of your location, while no other buildings would be in sight to break the unity of the scene; the two other public buildings between it and the city, the Dexter

Asylum and Friends' College being constructed with a centre and wings in a plain style, it is peculiarly undesirable to add to the monotony by a third building in the same taste.

But its peculiar advantages are its fitness as regards internal structure and convenience. The windows will admit of being made of such sizes and at such intervals as internal arrangements may require. The sizes of the lights, whether rectangular or not, can be of the small size essential, without the prison-like aspect which small panes in large sashes usually produce. The roof, ordinarily so prominent a deformity, is concealed by the parapet. Neither dome, portico or cupola will be required to give a public character to the edifice. Its aspect will be that of a villa of ancient date. This style admits of projections for stairs or other purposes which convenience may require which add to its character, instead of detracting from it as in ordinary modes. The parapet walls around the centre house and the enlarged ends, will permit different sections to be guarded from probability of destruction from fire, better than any other mode.

* * * * *

By a reference to the ground plan, it will be perceived that the chimney of the kitchen, laundry and other offices is situated towards the centre of the whole establishment. It is intended that this should be the point from which all heating and ventilating operations should be carried on. Directly beneath the drying closet and kitchen, in the cellar, are the oven for baking, and the steam boiler, having their flues entering the central massive chimney. The steam is conveyed by pipes to a small engine to pump water, to cook, to heat water for washing and by a pipe in a covered drain to the return and rear wings, where it is to be transmitted into cast iron pipes, running within a long flue in which the external air is admitted, heated, and discharged into the rooms. The foul air descends by flues in the walls from all the parts, passes through the covered drain and under the boiler furnace into the chimney.

The same arrangement through the cellar, instead of a covered drain, is applied to the house and wings.

The drying-closet is directly over the steam boiler receiving its waste heat; this has a communication with the central chimney to occasion a very rapid circulation of air through it.

Over the kitchen, pantry and dining room the chapel is placed, having an entrance from the central house, and also from the vestibule below to admit patients without passing into other galleries or the house.

In the second story of the centre house are the apartments for the superintendent and steward, wholly distinct from the business parts; above these their sleeping apartments at the one end and those for the domestics entirely separated, and approached by a separate staircase at the other.

The details for carrying out various parts of this plan will be communicated, as far as they may be within my knowledge, as they may be required in process of construction.

I am, gentlemen, very respectfully yours,

LUTHER V. BELL.

ARTICLE III.

EULOGY ON J. E. D. ESQUIROL, READ BEFORE THE ROYAL ACADEMY OF MEDICINE, PARIS, DEC. 17, 1844, BY M. PARISSET, PERPETUAL SECRETARY OF THE ACADEMY.

Translated from the French, for the Journal of Insanity, by HENRY J. TURNER, Professor of Languages, Utica, N. Y.

It is of a master, it is of a friend, it is of my dear Esquirol, that I have to-day the painful honor to entertain you; and if, from the beginning of this discourse, I express my tender veneration for his memory, it is that a secret voice answers that I find an echo in your hearts, and that my words are only the expression of your senti

ments. Who in fact, has known Esquirol without loving him? Who among you has not admired the delicacy and the solidity of his mind; the elevation and the loyalty of his character; the paternal care he took of his pupils; the art which he manifested in developing their talents; the pity which animated him for suffering humanity?—And if you have been initiated in the secrets of his beneficence, tell us if in acts of such touching virtue, he displayed a shadow of ostentation, or if he prescribed to himself any limits? His generosity prompted him to give without any reserve. Excellent man, whose actions and works have honored France, and who to make us feel his loss, shall I say more sweet? shall I say more bitter? has left to us in his memory a perpetual lesson of uprightness, of moderation, of disinterestedness, and goodness.

Jean Etienne Dominique Esquirol was born in Toulouse the 3d of February 1772. Jean Baptiste, his father, was a merchant. His fortune, probity and the public esteem raised him in 1787 to the honors of the Capitoulat; a dignity which events reduced to the transitory functions of municipal officer. Delighted at first with the great reform that was going on in France, he soon detested the excess and retired. A few years afterwards the danger of a scarcity recalled him to public life, and solely by means of his name and credit, the calamities of famine were arrested. Young Esquirol was educated for the church. When he had finished his first studies in the College of *Esquille*, his parents sent him to the Seminary of *Saint Sulpice*, at Issy, to pursue a course of what was called Philosophy. The revolutionary eruption drove him from this holy asylum, and he returned to Toulouse, where he studied medicine. His father was then one of the administrators of the great hospital of la Grave.—There Gardeil and Alexis Larrey were at the head of Medicine and Surgery: Gardeil who is renowned by his translation of Hippocrates, and the works of Diderot.—Jean Dominique Larry, who died recently, an honor to

France, was the first assistant at the hospital, and was also professor in a school which was founded by his uncle. It was under such masters, and with such associates that Esquirol studied Anatomy, Physiology, and Pathology. Various and curious experiments succeeded the dissections which the pupils repeated with all the ardor of emulation. Esquirol was distinguished among them by the accuracy and vivacity of his ideas. He also studied botany with Picot Laperouse, author of *Flore des Pyrenees*, and often followed him in his rambles on the declivities and to the summit of these magnificent mountains.

At last the moment in which the two friends were to separate arrived. Larry went to Paris, from there he was sent to Brest, and embarked on board of a state vessel bound to North America.

Provided with a commission of officer of health in the army of the Eastern Pyrenees, Esquirol went to Narbonne where he remained two years. Barthez resided there and had a great practice. He saw Esquirol and wished him to become his secretary; but the irascible Barthez often manifested towards his secretaries the same disposition as the prince Conte did towards his, and Esquirol acted the same with Barthez as Moliere did with the prince; that is, he would not accept the office; he was afraid.—But he was endowed with another kind of courage. You know the state of mind in those unfortunate times. The ferocity of the reformers had placed in all parts of France tribunals which only thirsted for blood. There was one in Narbonne, in perpetual session. An Advocate, and the only one which was allowed to plead for the accused, plead for them in silly verses, and all accused were condemned.

Shocked at this odious mixture of ridicule and barbarity, Esquirol exclaimed in a feeling manner; "I can defend the innocent better myself." Some women heard him; and the husband of one of them was on the point of being tried; she conjured Esquirol with tears in her eyes to speak in his behalf. Esquirol consented. And

now behold him before the revolutionary tribunal inspired by justice and pity. He made use of such touching and original language, that the judges, surprised and charmed, acquitted the pretended guilty one. Orpheus's triumph when he tamed the tigers. The first lawyers in the world are those who are possessed with feeling united with reason. Gold was offered to Esquirol as a reward for his services; but gold would have soiled his hands, and dishonored so beautiful an action. Some time after this he rendered a similar service to a poor mechanic in his native town, who was accused of having taken a little iron from the manufactory of the Republic.

Returning to his own home, Esquirol devoted himself to literature, mathematics, natural history and medicine. In the 3d year of the French Republic, he entered as a government pupil at Montpellier, and in the 6th he obtained two premiums in natural history. However, the wealth of his parents diminished daily, and he was not the oldest child.

His small inheritance made it necessary that he should devote himself to those studies that would enable him to procure a livelihood for the future, and he determined seriously in favor of medicine. In the 7th year he came to Paris, as poor as was Portal, Vauquelin, Pinel, Dupuytren, and many others when they came; and who by severe study and labor attained to opulence and glory. Carelessness placed Esquirol in the utmost distress. He had placed in the folds of an under garment, a small sum in gold, that had been given to him by his affectionate father; this garment being much worn, he threw it out of the window without thinking of the sum it contained and entirely forgot it. He wrote to Toulouse when he had discovered his loss and gave an account of the occurrence and asked for another supply, but his story was not at first believed, and supplies did not arrive until a considerable time had elapsed. However, he was not discouraged. He remembered a friend whom he had made when in the seminary, M. de Puisieulx, who was the tutor of a

child whom we have since seen at the head of affairs, M. Mole. M. Mole lived with his mother at Vaugirard. Esquirol called on his friend; M. de Puisieulx presented him to M^{de} Mole, who received him kindly, and gave him a room in her house. A book, and a place at her table was the first present he received, study was to do the rest.

During two years, Esquirol came daily from Vaugirard to the clinic of the Salpetriere, to the public lessons of the Jarden des Plantes, and to the school of medicine. They were tedious journeys in the winter; but in other seasons of the year, a little bread and some fruit rendered them beautiful; together with the conversations which he held with Bichat, Schwilgne, Roux, and Landre Beauvais, all men of talents and feeling. They loved Esquirol, and he in return always loved them.

Happy time of poverty, of labor, and of hope, the remembrance of which continued to delight Esquirol even in his last moments. At that epoch there were in Paris two clinics attended by different sets of pupils; the clinic of the Salpetriere and that of the Charité. The head Physician of the first was Pinel; Corvisart attended the second in the same capacity.

These men, so very different in disposition and in mind, agreed on one capital point, which was to command respect for their persons and their profession by strong public testimony of reciprocal esteem. Their sound reason and natural generosity, raised them above all self-esteem, and perhaps also the secret sentiment that each one possessed that which the other needed. It was singular, that Pinel, who had graduated at Montpellier, had received his diploma at Paris, and that Corvisart, a graduate of Paris, had been educated in Montpellier. They were both superior men, but the first owed the most to labor and art, the latter was indebted to nature; to that nature, that instinct, which according to Hippocrates knows without study; or which by the justness and rapidity of its conceptions, seems, as Plato says, as if it remembered.

However it may be, Esquirol engaged in Pinel's school; soon became his master's favorite pupil. It was him who edited a treatise on clinic medicine, which appeared in a second edition in 1804. Cast your eyes on that work, and by the number and diversity of the facts, by the beautiful order in which they are placed, by the general considerations which they suggest to the mind of a master, upon the highest medical questions; you will judge that even in the commencement of the exercise of his profession, Esquirol had seen and reflected much; for a few facts well studied, pave the way for an infinity of others. I will add that Pinel taught that which Corvisart could not teach. The Salpetriere, as well as Bicetre was destined to the treatment of a disease, that was seldom or ever seen at the Charity Hospital. I allude to mental diseases. Esquirol preferred the study of those diseases to all others. Such a study would afford a lesson for the philosopher who aspires to a profound penetration into the nature of man. Under the calm appearances of reason, in the peaceful course of the actions which characterize it, the observer could but discover the secret springs, by whose regular motion it is prepared, formed and strengthened. It is when these springs are broken, it is when the motion is stopped,—in a word, it is when the mind is in ruins that one discovers clearly the origin, the unity, the close and mutual dependence of our sentiments, of our perceptions, of our ideas, of our memory, of our judgement, of our reason, of our wishes, of our actions; that is to say, of that marvellous chain of inventions, and arts, that are brought to light by the inexhaustible industry of our understanding. It is there, it is among those wrecks that are hidden the essential elements of the knowledge of man and consequently the true principles of education, those of civil and criminal laws, and I do not hesitate in saying those of government. Sad condition of man! he knows his excellence but by his infirmities; and to enable him to place a right value on his noblest attributes, intelligence and liberty, he must lose

them both. That the master of the earth should be placed in a condition which renders him incapable of being master of himself!

Esquirol has written much, and his station as physician to two large hospitals led him to encounter daily those whimsical singularities which characterize the diseases of the mind, from which, as well as from his private practice he drew an infinite number of observations. A member of the society of the school, and of that of the department, one of the co-laborers of the *Dictionnaire des Sciences Medicales*, one of the founders of the *Revue Medicale*, of the *Archives de Medicine* and of the *Annales d'hygiene publique et de medicine legale*, he communicated to these societies and inserted in different journals, notes, remarks, articles, and facts which it would be useless to enumerate at present, since as we learn in the preface to his great and last work, these same materials, reviewed, polished, and arranged in their respective order with the utmost care from a treatise which he published in 1838, under the following title; "*Des Maladies Mentales, considerees sous les rapports, medicals hygienique et medico legal.*" It is of this great treatise that I ought to speak. But I will call your attention to Esquirol's first work, which can be considered only as a preamble to the latter, and which was written 32 years before. I speak of the Inaugural Thesis which was composed by him in 1805 to obtain the title and dignity of Doctor in Medicine, and to secure to himself the right to conduct the beautiful establishment, which he had the courage to form. The Passions are the subject of this thesis. The author considers them as causes, as symptoms, as curative means of mental alienation. To feel the relations which he establishes by his writings, it would be necessary to have a clear idea of the passions, and also, of mental alienation. These two points have not perhaps yet been sufficiently discussed, at least that concerning the passions.

This thesis on the passions was received with enthusi-

asm by physicians, also by the world at large, and is held in great esteem at the present day. It was translated into English, and effected more towards establishing the reputation of the author through Europe, than the cures which he made in his establishment, already much esteemed by the public. I have dwelt on this thesis, because Esquirol himself has selected much from it, and that is, I repeat it, the preamble of the great work, with which I shall now entertain you.

The first volume opens with a general picture of Insanity. The figures of the picture are full of life and movement, but the rapid succession as well as the multitude, and astonishing variety of these sad images would only confuse the thoughts, if the author had not, as it were, changed the scenes, in order to concentrate our attention on certain points, by giving them more unity, and to make an indelible impression on the mind.

These points bear upon the symptoms, causes, progress and termination of insanity, and finally on the principles of general treatment. * * * * *

The rest of my discourse, gentlemen, will be concerning Esquirol himself. In his treatise on the passions, he did not speak of his own. His passion was to penetrate deeper than any other physician of whatever nation he might be, even deeper than his venerable master, into the study, knowledge, and treatment of insanity. In 1810 he succeeded to Pinel at the Salpetriere; or rather he continued in it, with the same mind, the same zeal, and the same charity; and whilst he obtained by his entreaties improvements in the buildings and in the regimen which he thought necessary, he alleviated the sufferings of the sick by distributing among them what he received for his own services. By these means he awakened gratitude in the minds of his patients, because they were always alive to justice, and thus he always obtained their confidence.

But events were hastening to a crisis, and the Empire was on the brink of ruin. In 1814 the calamities of war

filled the hospitals with deadly fevers. The eagerness of Esquirol to serve so many unfortunate beings, was acknowledged by his receiving the decoration of the Legion of Honor.

In 1817 he gave the first course of lectures ever delivered on insanity. The new and attractive character of these lectures gathered around him not only the French physicians but those from foreign countries. His lectures were often made topics of familiar conversation in which the auditors proposed freely certain objections; and from the discussion of such objections new lights were kindled on the subject. The course was terminated every year by a session in which a premium of 300 francs was awarded by Esquirol to the author of the best essay on any determined point of mental alienation. Hence the many learned physicians who in France, in all Europe, and beyond the seas, are found at the head of establishments, in which a knowledge of mental diseases is required; and from the same cause arose also the extensive reputation that Esquirol acquired, and which was only known to himself.

His views however extended beyond the Capitol.—What Howard did for the Lazarets, hospitals, and prisons in Europe, and as far as the confines of Asia, was accomplished by Esquirol in favor of establishments which were destined for the insane. He visited all the asylums in cities which contained persons afflicted with diseases of the mind; and almost every where chains, violence and brutal means were resorted to; tortures which had been abolished long ago in the asylums of Bicetre and the Salpetriere by the courageous humanity of Pinel. It seemed that the lamentations and groans of so many unfortunate beings in thirty-three cities, had touched the heart of Esquirol and urged him on in his travels, and in the toilsome and minute researches which were the objects of his journey. He compiled from his investigations a Memorial, which he transmitted in 1818 to the superior

authority; and which had the effect to awaken, in all departments, the solicitude of the magistrates, concerning those excesses of barbarism, and distress. These were the first germs which were seen to blossom later, and even in the neighboring countries.

Esquirol has since multiplied his travels. The same care that an historiographer takes, to collect on all sides, documents to enrich his work, was taken by Esquirol to gather from foreign establishments, a vast amount of information, notes, descriptions, detailed plans, &c., and thus he obtained light himself, and spread its beneficent rays on all sides.

Every one is aware of the difficulties attached to the office of Inspector General, to which Esquirol was appointed in 1823. He fulfilled them with the moderation and firmness which characterized him, and which are inseparable from justice. Having obtained this employment without wishing for it, he left without any other regret than that it deprived him of opportunities of rendering to others the service, which he had rendered to an illustrious professor of Montpellier, who through his influence was reinstated in his chair. It was to serve him that Esquirol had solicited the station.

In 1826, Esquirol became chief physician of the Royal house of Charenton, in which he introduced several important reforms, and added to its fame—a fame that his successors will increase. He published many valuable statistics relating to the establishment, and even caused it to be reconstructed. The reconstruction, conducted on an entire new plan, undoubtedly makes it one of the most beautiful establishments in the universe. The true luxury of civilization, is to raise palaces for suffering humanity. I must add, that the house of Charenton received also from him 10,000 francs, to establish a library for the use of the physicians and patients.

At the first organization of the Royal Medical Academy he was ranked among the first titular members. In 1828 he was elected a member of the counsel of salubrity,

which he aided by his assiduity, and enlightened by his knowledge. The year in which we mourned his loss, he was acting as Vice President of said counsel.

In 1834, whilst on a voyage to Italy, rendered necessary by ill health, the Academy of Moral and Political Sciences placed him among its correspondents.

In 1827 and 1840, two of his pupils and friends, Dr. Chambeyron and Dr. Archambault, published two translations, one from the German by Hoffbauer, (*Traite de Medicine Legale Relative aux Aliens et aux Sourds-Muets*), the other written in English by Ellis, (*Traite de l'Alienation Mentale*.) Both translations were enriched with notes by Esquirol, in which he displayed all the sagacity of his mind.

A new sect, you know, supposes that between the exterior configuration of the head, and the intellectual and moral faculties, there exists some relations, which enables them to come to important conclusions respecting the mind and moral powers. Several casts of the heads of alienated persons, whose characters and range of intellect were well known to Esquirol, were taken; but they did not demonstrate any thing, unless it was the absurdity of the hypothesis. As to idiots, the plaster representations had more signification. However, we must not forget that the sides of the head of the illustrious Bichat were not alike.

But, gentlemen, we have arrived to the conclusion.—Esquirol's constitution, naturally feeble and delicate, was worn insensibly, by labor, years and disease; he was subject to catarrhal fluxions, which becoming more frequent rendered his respiration shorter, more embarrassed, and painful.

In the beginning of the month of December, 1840, he had a last attack. An undue love of his duties led him to go to the counsel of salubrity, and he thereby increased his disease, which was accompanied by a fever. His sickness took a serious form. Master of all his ideas, Esquirol watched its progress, and foresaw the issue.

Prompted by the love he bore to his friends, he tranquilized them on his situation, and concealed his own sufferings. Surrounded by his relations, his pupils, his friends, Louis, Leuret, Moreau, Calmeil, with Mitivie and Baillarger, now his successors at the Salpetriere, he extended his weak hands to them and murmured his last farewell. "I leave you," said he; "remember me, prosper, but above all never banish peace from among you—that peace which is the pledge of the greatest happiness." To feel the charm and the strength of those divine words, Let peace be among you! it is necessary to keep in view those annihilations at the hour of death in which all vanishes by degrees; except a clear knowledge of the true wealth of this world. At last the fatal hour came, and on the 12th of December, 1840, Esquirol slept with the just, in the arms of a consoling and holy religion, which opened for him the doors of eternal felicity.

Esquirol had married Anne Constance Carre, an accomplished model of reason, simplicity, charity and modesty. She regarded her husband's family as her own. She connected it by blending with it the Chapellier, Moreau, and Vanin, who were ornaments to the magistracy. This worthy woman died four months after her husband. Esquirol left no children, unless we can honor with so worthy a name his numerous pupils, and above all his nephews, one of whom practised law in Toulouse, and who had through a respectable scruple, left the pulpit; the other was seated in the court of accounts as referendary, and the third, Dr. Mitivie, Physician of the Salpetriere, who associated himself with Moreau and Baillarger, for the purpose of directing conjointly the beautiful establishment of Ivry; three men that are attached by a religious piety to the memory, the doctrines, and examples of Esquirol.

ARTICLE IV.

LUNATIC ASYLUMS OF THE UNITED STATES.

We present to our readers an account of the Lunatic Asylums of the United States with pleasure and pride. These Institutions are, we believe, highly creditable to our country—many of them will favorably compare with the best in Europe. They are mostly of recent origin, and nearly all are filled with patients.

From the abundant materials furnished by the annual Reports of these Institutions, we could easily make a lengthy article, but our limited space will not permit us to make extended extracts. We however commend these Reports to the careful perusal and study of all those interested in the subject of insanity and the welfare of the insane.

MAINE.

The Maine Insane Hospital at Augusta, was opened for the reception of patients, October 14th, 1840. It consists of a central building and two wings, beautifully situated on the eastern bank of the Kennebec river, and is capable of accommodating 120 patients. It is a State institution, though two benevolent individuals contributed ten thousand dollars each, towards its erection. It has a farm of 70 acres. Dr. Cyrus Knapp was the first medical superintendent, which office he held but a short time, when Dr. Isaac Ray was appointed in his place. The latter gentleman has had charge of the establishment until the last autumn, when he resigned for the purpose of superintending a similar institution about to be erected in Rhode Island. Dr. James Bates is now the Superintendent and Physician. Dr. Horatio S. Smith, Assistant Physician.

This institution has been well endowed by the State, and is in a flourishing condition. Present number of patients, 76.

The Reports of Dr. Ray, have been among the most interesting that have been issued from any similar establishment. In the last, for 1844, he dwells at considerable length on the subject of "Mechanical Restraints" in Lunatic Asylums, a subject that of late has been much discussed. He remarks as follows :

"Before concluding my remarks on the management of patients, I would take the opportunity of adverting to a subject which has latterly excited unusual interest, that of restraints. Within a few years the doctrine has come into vogue in England, that *mechanical restraints* are improper, and accordingly they have been entirely banished from some of its institutions. Of course this is proclaimed to be a remarkable and valuable reform, and all who would not be considered as laggards in the march of improvement, are imperatively called upon to adopt it. That some change on this subject was required in that country, is evident enough from the following passage in the report of the Lunatic Asylum for the county of Lancaster, for 1841. "From the opening of this Asylum in the year 1816, mechanical restraint appears to have been extensively employed ; and at the time your officers took charge (1840,) they found twenty-nine persons, (whole number of patients being 530,) wearing either handcuffs, leglocks, or straight waistcoats—exclusive of between thirty and forty patients who were chained down during the day time on seats so constructed as to answer the purposes of water closets, in rooms known by the appellation of 'warm rooms ;' moreover during the night time all the epilectic and violent patients were chained or otherwise secured in bed.

"It was also an established custom to place every case on admission under restraint during the night-time for a longer or shorter period, as might appear expedient." It certainly is not strange that these gentlemen, on being

convinced of the absurdity and cruelty of such practices, should have conceived an unwarrantable prejudice against the use of restraints, and ran to the opposite extreme of error. It is not the first time that the transition from one extreme of opinion to the other has been accomplished in a single step. And it may be for the simple reason that such practices have never been allowed in our institutions, that we are unable to sympathize with the strong feeling against the use of restraints at all, now so prevalent in England. That a hospital for the insane can be conducted without them, nobody doubts; But the real question at issue is, whether the welfare of the patients is more promoted by the judicious use, or the entire disuse of restraints; and this question is far from being settled by the fact that some hospitals are conducted without them. Before we can admit that the interests of the insane require the disuse of all restraints, it must be proved, either that they are positively injurious to the patient, or that their intended object can be better obtained in some other way. I am not satisfied that either of these positions has been established, but it may be well to look for a moment at the merits of the question.

“Of course it is not contended that the insane should be subjected to no restraint whatever, but that it should be exercised by the hand of an attendant instead of any mechanical contrivance. When therefore mechanical restraints are entirely disused, the first consideration that presents itself is, that the number of attendants must be much larger than when they are used even in a very limited degree, and thus the expenses of the establishment be swelled to a very onerous amount. In many parts of our country, the only alternative is between a cheap establishment and none at all; and certainly, nothing but the clearest and weightiest reasons should be suffered to have the effect of debarring a large number of the insane from receiving the benefit of hospital treatment.

“ But it is not on this ground that I would defend the

use of mechanical restraints. In most cases where they are now used in American hospitals, I have no hesitation in saying that they are far preferable to the vigilance or force of attendants. The object is gained more surely, more effectually, and with far less annoyance to the patient. A mechanical contrivance performs its office steadily, uniformly and thoroughly, and is submitted to as something inevitable. The will and strength of an attendant are capricious and variable in their operation.—The strong effort is occasionally relaxed, and the idea of eluding his vigilance or overpowering his strength, is constantly present to the patient's mind. The former is mere inert matter and excites no feeling, while an attendant, constantly present, watching and restricting every movement, is viewed as the author or abettor of his sufferings; his spirit is chafed and a state of constant irritation is produced.

“The propriety of these views will be abundantly confirmed by an examination of some of the cases that require restraint. Take a very common case, specimens of which no hospital is without for any length of time.—The patient is covered with sores or abrasions which he is converting into bad ulcers by scratching off the scabs, or lacerating them with his nails: or he is bent on tearing open a wound in his neck made by an attempt at suicide. If entrusted to an attendant without any mechanical aid, he must encircle the body and arms of the patient with his own arms, or else by keeping near him, watch the slightest motions of his hands and arrest them in season. The former means would be exceedingly irksome to both parties, and perhaps impracticable, and the latter would fail of its object which would require a degree of vigilance and quickness of motion that no man can be supposed to possess. On the contrary, let the hands be restrained by a simple leathern strap which confines them to the waist while they still possess considerable freedom of motion, and thus one end is attained and the patient may be left to the undisturbed enjoyment of all his other

motions. Seeing that he cannot meddle with his sores, he abandons his attempts, and his mind is at rest on that point. Again, a patient is highly excited and restless, and strongly suicidal. If, in order to prevent any harm, an attendant is put in his room at night, the hours are likely to be spent, not in sleep or quiet, but in a series of struggles between the attendant and patient, the latter in the blindness of his excitement, venting his wrath upon the former, and thereby being made worse rather than better. A simple contrivance like that just mentioned, would answer the purpose, while the patient would be left to himself in comparative quiet. Another, though exhausted by sickness and needing repose, is constantly endeavoring to rise from his bed, while the conversation and movements of an attendant only excite his attention and maintain the morbid activity of the brain. Let such a person be retained upon the bed by means of the *bed strap*—an admirable invention of Dr. Wyman, the first superintendent of the McLean Asylum whereby the patient is gently held upon his bed, though able to turn from side to side—and he ceases to struggle, his mind is comparatively calm, and sleep may visit his eyes. It often happens that in order to prevent a patient from doing some improper thing, two or three attendants would be required, and they could effect their purpose only by using a degree of force that would exhaust and irritate him. With the muff, or mitten, upon his hands, he could be allowed to control his own movements, with perfect safety and far less annoyance to himself. It very often happens that in case of the same patient and in the same condition, mechanical restraints are substituted for the personal efforts of an attendant, and the superiority of the former abundantly shown by the superior calmness and comfort of the patient while under their application.

“It is objected to mechanical restraints that they leave disagreeable impressions on the mind of the patient who regards them, even after recovery, as marks of degradation and unkindness. That such feelings may have been

observed in patients whose recovery was quite imperfect, and who consequently regarded restraints, as they might a thousand other things, in a very false light, is very probable, but not a single instance of such feeling has come to my knowledge, in patients who had attained healthy views on every other subject. It is also objected to them that they are liable to be abused; that they are often applied to save trouble, and even to gratify the spite of attendants. If the application of restraints is to be left entirely to the discretion of attendants, then the result implied in the above objection would no doubt, frequently happen. But in this institution—and I presume it is so in all others in this country—no restraint can be applied except by order of an officer. It is our rule to use no more, and continue it no longer, than is necessary to effect the object in view, and in all cases, it is the comfort of the patient, not the attendant, which is consulted. In well-regulated establishments, the number under restraint is always very small. While writing this there is not a single patient in this institution, with any kind of restraint upon the person: and this is often the case for many days together. Occasionally, the number under restraint may amount to four or five, but probably the number would not average more than two or three. It is also objected to them that they chafe the skin and produce sores. This, no doubt, occasionally happens, but if the restraint is discontinued as soon as it is observed, the evil is not a very serious one."

NEW HAMPSHIRE.

The New Hampshire Asylum for the Insane is located at Concord. It is a State Asylum and is a well built, well arranged, and well conducted institution. George Chandler, M. D., is the Superintendent. It was opened for the admission of patients Oct. 28, 1842, Present number (June, 1845,) 76. Accommodations for 114, has 121 acres of land.

VERMONT.

The Vermont Asylum for the Insane, Brattleborough, was opened 12th Dec. 1836. Its location is among some of the most beautiful scenery of our country. It is a State institution, yet Mrs. Ann Marsh by giving \$10,000 for the purpose of establishing a Lunatic Asylum is truly the original founder. By additions recently made it has accommodations for 200 patients. Present number of patients 158; a good farm is connected with the Asylum.

Dr. William H. Rockwell is the Superintendent and Physician, and has been from the opening of the institution. Dr. Rockwell has had much experience in the care of the insane, as he was for a considerable time Assistant Physician at the Retreat at Hartford, Ct., and we understand the institution which he now superintends has been well managed. But we cannot forbear expressing our fears that the low price which this Asylum has recently advertised to receive patients will prove injurious to the best interests of the insane. That such persons can be supported at a low price every one knows, they are so now in the various poor houses of the country, but we hope not to see the Institutions bearing the high name of Asylums and hospitals for the insane, and erected expressly for their comfort and cure to degenerate into mere receptacles for this class of unfortunate persons. To this however they must assuredly come if the price is reduced to what it costs to support sane persons, as they will be obliged to dispense with that care, attendance, &c., requisite for their welfare as *sick persons*, and which in all Asylums ought to form a large item of expense in addition to the cost of board. On this subject we fully concur in the following remarks of Dr. Woodward in the last Report of the Massachusetts State Lunatic Hospital.

“The English Commissioners, very justly in my opinion, discountenance low prices. They sanction no houses where the charge is less than 8 shillings a week, or about \$2.00 of our currency, and they are better pleased with

those who charge 9 or 10 shillings a week which is from \$2.25 to \$2.50, about the customary charge of the New England public Hospital. There is doubtless some danger of getting prices too low, though the motive with those who strive to reduce them is unquestionably good. If the cost of living should increase, it would be difficult to raise the price, and there is danger, in such circumstances, of cheapening the living to poor-house fare, lest the cost of support should exceed the income. I think it much better to keep up the price to the average charge at the American hospitals, and increase the comforts and benefits that a liberal price will allow, rather than reduce it to the minimum rate and endanger neglect and too cheap a diet."

MASSACHUSETTS.

McLean Asylum for the Insane at Somerville is one department of the Massachusetts General Hospital. It was incorporated in 1811, but received little aid from the Government.

Trustees were chosen in 1813, and a few years after commenced collecting money by subscription and donation for the erection of a hospital for the sick, and a department for the insane. Above \$50,000 were subscribed for the latter purpose, and the present Asylum was erected in 1816. In 1818 it was opened for the admission of patients. In 1821, John Mc Lean, Esq., of Boston, left by will about \$100,000 to the corporation, which then voted to designate the asylum by his name, in accordance with a provision of the charter.

The principle part of his legacy was expended in adding a new building, 90 by 46 feet, and a lodge building, 50 by 25 feet, for male patients, and in effecting general improvements, which want of information in the early arrangements had rendered necessary.

In 1835, Miss Mary Belknap, of Boston, left a legacy of near \$90,000, (its exact value not yet determined, as

some annuities are still payable from it,) which enabled the trustees to erect similar additions to the female accommodations.

With these successive additions, the number of patients who can be conveniently accommodated is about 140, or 70 of each sex.

Dr. Luther V. Bell, is the superintending Physician, and Dr. Chauncey Booth, Jr., the Assistant Physician. This Institution has always maintained a very high character, and during the twenty-six years it has been in operation, it has admitted 2437 patients, of which number 1088 have been discharged recovered, many much improved, and 223 died, remaining 152: viz., 75 males, and 77 females.

Dr. Rufus Wyman was the first Superintendent, but resigned on account of ill health, in 1835. Dr. Thomas G. Lee succeeded him in the charge of the Institution, but was removed by premature death, in October, 1836. Both of these gentlemen stood high in the confidence of the public, and in the esteem of all who knew them. The present able Superintendent succeeded Dr. Lee.

This institution has accommodations for those who are able and willing to pay a high price, and it receives more of this class than probably any other in the country, tho' it also receives some on moderate terms. It deservedly holds a high rank, and is usually crowded with patients.

The reports of Dr. Bell are able, and instructive, but our space will not permit us to make extracts. We can not, however, forbear to add the following encouraging remarks, taken from his last report.

"In casting an eye over the great field of benevolence in which this Institution is engaged, the prospect is truly noble and encouraging. In our own land, new institutions are arising in which liberality, zeal and intelligence are combined, and emulously striving to surpass those already established, in the wisdom of their provisions, and the amount of their facilities; while those which have been long established are anxious to make continual pro-

gress, and to add to their means the experience of all countries; an enlightened humanity is providing proper care for the rejected insane of the lowest rank in the intellectual and social scale; the personal exertions and sacrifices of philanthropists, of both sexes, are felt in new impulses of private benevolence, and new enactments of legislatures. The diminution of the deep-rooted, morbid prejudice respecting insanity, and of the unsound views of its nature, which formerly prevailed, and its recognition as a common physical malady, involved in neither mystery nor disgrace, mark this better era. Last, and perhaps not least among the propitious circumstances attending the insane in our land, are the friendly co-operation and honorable confidence amongst those called to the direction of our public institutions, manifested in their free communication with each other, particularly in the arrangements which have been made for the meetings of the "Association of Medical Superintendents of the American Institutions for the Insane."

"In other countries, a new and energetic spirit seems to be awakened, which will not rest until ancient abuses are done away. In Great Britain, the aroused attention of the Imperial Parliament to this subject; the wise and thorough inspection exercised by the great commission of Lunacy; the honorable, though perhaps too discriminate and exclusive efforts to do away with personal restraints, and, as a necessary concomitant, to elevate the class of those entrusted with the immediate care of the insane; the growing, perhaps already decisive manifestation of an intelligent public sentiment against committing those bereft of reason into the hands of uninspected and interested private individuals, are all worthy of being observed, as presaging a better day for the insane of that country, and furnishing newer communities with the means of avoiding the wrongs and difficulties which for ages appear especially to have there surrounded that unfortunate class.

"While so much has been done, and is doing for the cure, the relief, and the legal protection of the insane,

may it not be hoped that the still more important subject of the prevention of the disease may awaken more attention than appears yet to have been awarded to it; that a more careful and philosophical cultivation of the intellect, the moral powers and the affections may guard the constitutionally predisposed from those ill-balanced conditions of mind and misproportions of character, which so often precede positive alienation, and that the education of the feelings, the temper, and self-control of the young may be so directed that physical disorder shall not so often find the reason ready for overthrow."

State Lunatic Hospital, Worcester, Mass. This is a State Institution, governed by a board of five trustees appointed by the Governor and Council. It was opened for patients in 1833. Total number of patients admitted since that time to Dec. 1st, 1844,—2013, of which number 916 have been discharged recovered, 151 died and 263 remain.

Dr. Samuel B. Woodward has had charge of this Institution since it was first opened, and has conducted it in a manner highly creditable to himself and useful to the community. He has two Assistant Physicians, John R. Lee, M. D., and Rufus Woodward, M. D.

The establishment has recently been enlarged, and is now capable of accommodating 400 patients. We hope in a future number to be able to furnish our readers with a more detailed account of this excellent Hospital for the Insane.

The Reports of Dr. Woodward, now twelve in number, form of themselves an interesting and valuable work on Insanity. In the last he has given at considerable length his views respecting the medical treatment of the Insane, from which we shall make long extracts, and we regret we have not room to present in full, the results of his great experience on this subject.

BLEEDING. "All agree that depletion, by which I would be understood general bleeding and active cathartics, is not favorable in insanity, as it rarely affords more

than temporary relief, and frequently produces marked injurious effects. When blood-letting has been employed freely and frequently in active mania, the only form of insanity in which it is commonly used to excess, if the excitement, for a short period, an hour or two, and sometimes a day or two, abates, it is generally renewed with increased violence, and under circumstances far less favorable for the benefit of other remedies. The indications for active depletion are usually the *effect* and not the *cause* of excitement, they grow out of the perpetual activity of the physical and mental powers, and are not the cause of it. By this course of remedies the strength and energy of the system is reduced, the nervous system is rendered more susceptible, and the actual violence of the symptoms is increased. The effect of great loss of blood is often to produce pain in the head, a sense of stricture, as if a fillet were tied around it tightly, ringing in the ears, and noises in the head which lead to false perceptions of sound and illusions liable to result in permanent insanity. It is said that animals which are bled to death have congestion of blood in the vessels of the head; the last rush of blood seems to be to this citadel of life. It is a fact also that I have noticed for many years, that affections of the heart are produced by excessive loss of blood in any way. An eminent practitioner of medicine once informed me, that when he had bled cases of severe and painful neuralgia, he had repeatedly found palsy of the side affected with the disease on his next visit.

“Free general bleeding is only useful in cases of entonic inflammation, such as pneumonia and phrenitis, with symptoms very unlike those attendant on insanity in any form.

“CUPPING AND LEECHING. The effect of local bleeding is more favorable, and may sometimes procure relief from distressing symptoms and afford an abatement of excitement that may give other remedies a better opportunity to produce good effects. But even local bleeding

can rarely be relied upon to cure insanity. It is usually prescribed to procure present relief rather than with the expectation of permanent benefit. Where there is a redness of the eyes, great headache, and much heat and throbbing of the carotid and temporal arteries, it may not be amiss to use local depletion, while at the same time every effort should be made to promote the circulation of blood in the extremities, and the quantity of blood abstracted at one time should not be very great.

"In some cases I have seen great excitement followed by a state of apparent dementia, almost immediately on free blood letting. Some time ago, a female, aged about 50, came under my care in the most violent mania. The remedies prescribed for her had but little effect, and it was resolved to bleed her freely. Sixteen or eighteen ounces of blood were taken from her arm, she became dull almost immediately, and remained so for a long time before she gained activity of mind, after which her excitement became as bad as ever and other remedies finally relieved her.

"A vigorous, athletic man, aged 55, was subject to the most violent paroxysms of periodical insanity. He had been under my care repeatedly, and remedies had little effect in diminishing his excitement or abridging the length of his paroxysms. One day in the extreme of one of his excitements, he urged me to bleed him, and presented his arm for the purpose, held by the other hand so as to swell the veins to an inordinate size. I had him bled freely, principally to see what would be the effect of copious depletion in such a state of excitement.—Within a few hours he seemed like an idiot, but the excitement was not essentially diminished. His mind was entirely *chaotic* for a number of days, the paroxysm was prolonged to an unusual extent, and its violence, on the whole, was not lessened.

"Some years ago, a ship-master came under my care, who had been bled about sixteen ounces, from twenty to thirty times in the course of five or six weeks. He looked

pale and bloodless, was tremulous and weak, but his excitement was not essentially abated. He afterwards recovered under different treatment, and has no return of disease.

"A patient is now under my care who was bled in the outset of disease, four or five pounds, at as many different times. His body appeared bloodless, and his mind chaotic in the extreme; he has become more quiet, but all our efforts have failed in removing his insanity."

CATHARTICS. Of cathartics, as such, he does not approve; but recommends alterative remedies and laxatives, Tincture of Rhubarb and Senna with Aromatics, Aloetics, Colocynth and Guaiacum. The Aromatic Tincture of Guaiacum prescribed so as to insure a laxative effect is his favorite remedy.

EMETICS. These he has not used extensively and thinks they have but little efficacy in relieving insanity.

NARCOTICS. These he considers the most useful class of remedies in active mania after the system is prepared for their use.

MORPHINE. "The remedies of this class most extensively useful are the Sulphate of Morphine and other similar preparations. The exact time, circumstances, and cases when these remedies can be applied with the greatest benefit, must depend upon the judgment and experience of the medical adviser. On this, doubtless, depends their greater utility in the hands of some men than of others, though many more cases, suitable for their use, may have fallen under the care of one man than of others who have management of institutions. Other practitioners have generally but a limited experience with them, as insanity, at the present day, is but little treated by medicine excepted in the institutions especially devoted to this class of patients.

"The Morphine should usually be administered in solution, beginning with greater or less doses, according to the nature of the case, and the urgency of the symptoms. Moderate doses should generally be first tried, and they

may be cautiously enlarged till the system is under their influence, and the excitement is controlled. The effects should be carefully watched, and if any unpleasant or unfavorable symptoms occur, the remedy must be changed, modified or combined, so that these effects may be obviated. In a large majority of the cases no such effects will occur. When its effect is favorable, it exercises a controlling influence over the symptoms, and the patient becomes more quiet, rational and natural in every respect. These effects, once gained, can in most cases be maintained till the recovery is complete. Sometimes symptoms occur which require that the remedy be increased, but more generally it can be cautiously diminished, and after a time be withdrawn, and the system suffer no inconvenience, and the insanity proved to be cured. The time that this remedy should be used varies, in different cases, from a few weeks to many months.

“In the few cases in which it is necessary to administer narcotics, in large doses to produce the most decided impressions, the tincture of opium is better than the salts, but generally the salts are more safe and agreeable in their effects.

“In some cases, the Dover’s powder is the best form in which this remedy can be administered, especially in the early periods of disease, when the skin is inclined to increased temperature and unnatural dryness.

“For twelve years this remedy has been extensively used in this institution, with the most marked success.

“The manner in which the Morphine has been used in this and other Hospitals in this country, continuing it till the symptoms have subsided, then omitting and seeing them return, then again and again removed by the renewal of the medicine, affords unequivocal evidence of its power to subdue maniacal excitements, relieve the delusions of the insane, and restore the brain and nervous system to a sound and healthy state.

“It is rare that any benefit arises from single doses of opiates at night to produce sleep, unless the system is

kept under the influence of them the whole time. In the most violent forms of disease, the doses should be repeated once in four or six hours. The medicine failed to gain any permanent credit while it was only prescribed at night, in large doses for the purpose of procuring sleep.

"It is important to know, in this connection, the symptoms which contra indicate the use of this class of remedies. When the skin is hot and dry, the tongue covered with a white fur, or dry, smooth and red, the bowels obstinately constipated, the pupil of the eye greatly contracted, and the vessels of the conjunctiva injected with blood, the symptoms must be changed before the Morphine can be used with safety or advantage. With the dry, red, smooth tongue, which attends comparatively few cases, the use of opiates is generally unfavorable, but the other symptoms, above enumerated, can commonly be removed, or so far obviated, in a few days, as to make them unexceptionable.

"I have spoken thus far only of the use of the Morphine in maniacal excitement. In some forms of melancholy, especially where there is great mental anguish, and strong suicidal propensity, its operation is equally beneficial, often procuring relief in a short time, and carrying the patient along most favorably to health. In this form of disease, it is rarely necessary to use the remedy in large doses, but whatever is prescribed should be at regular intervals, from three to six times in the twenty-four hours."

DATURA STRAMONIUM, in ordinary cases has not proved successful, but has proved highly beneficial in some cases of insanity connected with epilepsy. *Conium Maculatum* he considers a valuable remedy, especially in cases of melancholy, complicated with diseases of the stomach and torpor of the liver. The minimum dose is ten grains of the extract three times a day. The maximum dose two to four drachms as often.

CAMPHOR, HYOSCYAMUS, NUX VOMICA, BELLADONA, and VERATRINE, he thinks may be useful in some cases, but

not generally useful. From the use of Castor, Valerian-assafoetada, and other nervines, he has seen very little benefit. Counter irritation, blisters, setons, and issues, he rarely prescribes unless in cases of repelled eruption or the drying up of old ulcers.

TONICS AND BATHS. "There are many cases of insanity benefitted by the use of tonics. In acute mania, after the first excitement is over, tonics are often indicated, and not unfrequently may be used with propriety very early in the disease. In many such cases the great excitement exhausts the vital principle rapidly, and the patient is found enfeebled while considerable excitement exists. In such cases, quinine, bark, aromatics, and often, wine, and other stimulants are beneficial, used at the same time with narcotics.

"In cases of melancholy, the use of tonics, in some form, is more frequently indicated than in mania. In melancholy the powers of life often flag, the digestive organs suffer from debility, and tonics are the principle reliance for a cure. Iron, Bark, Nitrate of Silver, Sulphate of Zinc, with vegetable bitters and aromatics, are found useful remedies in this form of insanity. The combination of tonics and narcotics is often successful in melancholy. The extract of Conium, with the red oxyd of Iron and some aromatics, is a useful medicine, as is also the Nitrate of Silver, with Nux Vomica, and extract of Hyoseyamus, Capsicum, &c. Quinine, Bark, &c., are more generally indicated in the more acute forms of disease, while Iron, Silver, Zinc and the vegetable bitters do better in the chronic forms.

"In many cases of insanity connected with chronic diseases, the main object is to restore the health, as soon as this is re-established the mind improves, and not unfrequently this improvement is in strict accordance with improved health. In all cases of insanity the health should be made as perfect as possible, but in chronic cases, the principal reliance for recovery of the mental malady is on the restoration of good health. There are

many cases of chronic insanity benefitted by narcotics, and some are cured which have long been considered hopeless.

"I have often seen chronic insanity, which for a long time had been a source of wretchedness, and which had annoyed all who had come within the circle of its acquaintance, relieved by the use of Morphine, and the person afflicted, made pleasant, healthful, useful and agreeable, changing the whole character while the medicine was in use, and sometimes effecting a cure. But in many cases the symptoms return, to a greater or less extent, when the remedy is withdrawn. Permanent benefit is often gained in such cases by the combined influence of narcotics and tonics. Narcotics relieve the irritation of the system, and tonics restore the strength. In this form of disease, medical men often fail, for want of perseverance with remedies, which, if continued for a long time, frequently affect cures, when for a few months only, they make very little impression."

"**BATHS.** The warm and cold baths are remedies of more general application than perhaps any others in institutions for the insane. The warm bath is often used in acute mania, when the patient is continued in it for some time, and when it is renewed frequently on the occurrence of excitement. It is also beneficial to cases of melancholy and chronic insanity, in which the functions of the skin are performed in an unhealthy manner, or when the surface is cold and dry.

"Local bathing, as the application of cold water to the head, and warm water or stimulant baths to the feet, is an important adjuvant to the treatment of insanity. Cold applied to the head, and warm to the feet, frequently gives relief where the blood inclines to circulate unequally, so that the head is hot and painful, and the feet and other extremities cold."

Boston Lunatic Hospital, South Boston, Massachusetts. Opened in 1839. It is the Insane department of the Boston Alms-House. C. H. Stedman, M. D., is the Med-

ical Superintendent. Present number of patients, 108.

RHODE ISLAND.

Butler Hospital for the Insane, Providence. For particulars of this establishment now erecting, see the second Article of this Journal.

CONNECTICUT.

Retreat for the Insane, Hartford, opened in 1824. This Institution was established in 1824, upon the suggestion of the Medical Society of the State of Connecticut.—About three thousand citizens of Connecticut with a few from other of the New England States, subscribed and paid from 12½ cents to \$300, each, and thus raised a fund of \$20,000, which with \$5,000 given by the State, and all the disposable funds of the State Medical Society, about \$600, was sufficient to purchase 17 acres of land with a house for the physician, and to erect and furnish buildings to accommodate 50 patients and the Steward and his family. Soon after the *State granted a Lottery* to aid the Retreat and which was disposed of for \$40,000. Of this sum \$10,000 were used to erect additional buildings for the accommodation of 40 more patients; the remainder constitutes a perpetual fund, the interest of which is appropriated to defray the annual expenses of the Institution. Since then the Institution has been materially aided by donations from individuals and by the State, and has recently been enlarged so that it now has accommodations for about two hundred patients.

Dr. Eli Todd was the first Medical Superintendent.—After his death in 1833, Dr. Silas Fuller was appointed. On his resignation in 1839, Dr. Amariah Brigham was elected Superintendent, which situation he held until he removed to Utica, in Oct. 1842, to take charge of the N. Y. State Lunatic Asylum. The present Superinten-

dent, Dr. John S. Butler was appointed his successor, and zealously devotes himself to promote the welfare of those committed to his care.

The Retreat is beautifully situated, and has ever held a high rank among the Institutions for the Insane, and is now in a prosperous condition.

From the last Report, we learn that since the opening of the Institution, 1432 patients have been admitted, of which number 791 have recovered, and 103 died. The present number of inmates is 105.

From the Report of the Chaplain, the Rev. T. H. Galaudet, we make the following extracts:

“To guard against relapse also, it ought never to be forgotten, is a prominent feature of complete success in the cure of the insane.

“Self-control; prudence in observing the rules of health; watchfulness in avoiding those kinds and degrees of excitement which tend to produce a relapse; calm and equable feelings; just views of life; a conscientious performance of duty; regular, useful, and encouraging employment; cheerful resolution and hope; and, above all, steady moral and religious principle,—these should be cultivated with the most assiduous care, as they constitute the strongest security against the return of the distressing malady. That Institution which can best succeed in furnishing its cured and discharged patients with these elements of security, has attained one of the highest ends, if not the very highest, to be aimed at in this department of benevolent effort.

“To do this, the whole man must be put right, or as near right as can be. Not only medical, but moral and religious influences must be brought to bear upon him; or else, he will be healed but in part, and subsequent irregularity, or even deficiency, in the working of one portion of his system, may again derange other portions, and the old, or some new form, perhaps, of mental aberration be the result.”

These we consider valuable suggestions. We have

long felt and taught that "we had not done a patient all the good we ought by curing him of one attack, but that we should endeavor so to instruct him that he may prevent another—that we believed in man's power over himself to prevent and control insanity in many instances."

But to accomplish this, men need instruction—especially all those predisposed to insanity—and we know of no one better calculated to aid in enlightening all such on this important subject than the distinguished Chaplain to the Retreat—and we indulge the hope that he will prepare a work on the topics to which he has alluded, embracing also those errors in education and in the moral training of children and youth, likely to dispose them to violent emotions and ultimately to insanity. Such a work is much needed, and would, we believe, be of great utility.

In our next number we hope to conclude our notice of the Lunatic Asylums in the United States, and to particularize excellencies and defects, in order to afford something of a guide to those whose duty it may become hereafter to locate, erect, and organize Asylums for the Insane.

ARTICLE V.

SELECTED CASES.

CASE I.

Translated from the Journal of Insanity, from the Gazette des Tribunaux of May 9, 1845—by T. R. Beck, M. D., of Albany, N. Y.

On visiting some years since, the private Medical Asylum of Dr. Clark, near London, we noticed amongst a number of boarders, an old man aged about sixty years, and a youth apparently about sixteen or eighteen. Their dark skin, black eyes, and heavy eyebrows, indicated a far Southern origin. To Dr. Clark only, were their names known, yet all paid them the utmost deference and attention. The boy was afflicted with that form of insanity, which is denominated *Lypemania*, (Insanity caused by

grief.) During several hours, every day, his eyes were sadly fixed with an intense gaze on one spot, following apparently the bloody details of an execution. At times, he murmured "Mercy," and then fell fainting, into the arms of the old man, who never left him, and who had watched with stern sedateness the successive stages of this daily paroxysm.

When consciousness returned, the youth was in full possession of his reason. But no one could listen to his dry and hacking cough, or notice his emaciation and the circumscribed spots of red on his cheeks, without fearing, that before long, death from consumption or complete insanity, would be the sad result.

At this establishment, all the patients dine at one common table. A new guest appeared one day, who excited the vivid curiosity of all the guests. He was tall, thin, and long, dark colored, and wore the decorations of the Portuguese Orders of Christ and of the Sword.

The old man gazed at him with a look of extraordinary surprise; his countenance habitually livid, became still darker, and it was with no little difficulty, that he was able to ask his neighbor who the new comer was. "It is a Portuguese nobleman, the Duke de Ribeiro; he arrived yesterday, and is said to be afflicted with an aneurism." On hearing these words, the young man, rousing himself from his stupor, suddenly snatched a knife from the table, and with a single bound rushed on the stranger, who, appalled with this sudden attack, jumped back in affright to the wall. But the strength of the youth was not sufficient to accomplish his object, the knife fell from his hands, a bloody froth issued from his mouth, and he sank fainting to the ground.

The old man raised the head of his dying boy, felt in vain for the pulsations of the heart, and then rising like a spectre, seized the arm of the stranger, and in the low accents of hate and despair, exclaimed: "*Wretch, you must have a second victim!*"

In 1807, Napoleon proclaimed that the house of Bra-

ganza had ceased to reign. John the VI, seeing himself placed between an invading French army, and an English fleet blockading Lisbon, decided on abandoning his country, and passing to Brazil. His emigration was the fruitful source of political changes. At last, a revolution broke out, and on the 20th of August, 1820, the Constitution of the Spanish cortes was proclaimed.

John learned the news with consternation, but encouraged by his courtiers and allies, he left Rio Janeiro after an exile of thirteen years, and returned to Portugal. The inconstant populace rallied around him, and a counter revolution was affected in 1823. The authors of the Constitution were banished, and many of their adherents shot. The Marquis D'Oliviera had been one of the members of the constitutional government. His patriotism and integrity were acknowledged, even by his enemies, and through these, he escaped the danger of the royalist reaction. He went into retirement with his wife and his two sons, and carrying out the opinions of his public life, educated the latter in those principles which in the end proved to be the cause of their early deaths.

Jacinto, the eldest, entered the University of Coimbra. Here constitutional doctrines had numerous proselytes. These young republicans associated themselves with masonic societies, *endocrinated* several regimates, and finally rose in arms, with the cry of *Vive la Constitution*. The authorities of Coimbra were deposed, and several individuals of note hung at the gate of the University. Fierce with success, they marched on to Operto. Jacinto, by his rare intrepidity and the earnestness of his opinions, although scarcely seventeen, became one of the principal leaders. They fought bravely, but unsuccessfully. The revolvers were cut to pieces, and nineteen alone (among whom was Jacinto) escaped as prisoners to the royalist troops.

John VI., was a man of cultivated mind, and mild temper. His Queen, Carlota Joaquina DeBourbon, on the contrary, possessed masculine energies, and cultivated

bitter resentments. She controlled the government of her husband. As a daughter of Charles the Fourth of Spain, and Maria Louisa of Parma, she despised him as a feeble shoot of the obscure house of Braganza; as a wife, she never forgave him for saying in the presence of the Diplomatic Corps, after the birth of Don Miguel, that he was not the father, and were it not for the scandal of the crown, he would not acknowledge this child as his son.

An extraordinary Commission was received for the trial of the prisoners, and at its head was placed the Duke de Ribeiro, a special favorite of the Queen. Between the houses of Ribeiro and Oliviera, there was a hereditary feud. One of the latter had in the 17th century, during a drunken bout, killed a Ribeiro. From that time forward, they had always been at enmity, and the President of the Commission could not conceal his satisfaction that the eldest son of his enemy was now a criminal before him. Jacinto and three of his comrades were condemned to be shot, nine were to be transported, and the rest confined from five to ten years in prison.

On hearing this sentence, the Marquis D'Oliveira hurried to Lisbon, with his second son Manuel, scarcely thirteen years old, beautiful, mild and timid. His own entreaties, he knew, would be in vain, but he hoped that the tears of a child might move the Queen.

One morning, when coming out of the chapel where she had been attending mass, Manuel fell silently on his knees before her. When she inquired who he was, he replied, "Merely, madam, mercy for my brother, the oldest son of the Marquis D'Oliviera, who is condemned to death." Carlota looked at him with surprise, while the Duke, hearing the name of his hated enemy, whispered to her, "It is an inexorable necessity." "How old is your brother?" said the queen. "He will be seventeen on the 15th of August." "So much the better," she replied, removing the hand of Manuel which mechanically had grasped the skirt of her robe, "he will go more quickly to heaven." This reply is an historical truth.

Not contented with the infliction of punishment, but to extinguish if possible, every spark of revolt, young Manuel was ordered to attend the execution of his brother. Jacinto passed on foot from prison, through populous streets, with a firm step and placid demeanor. His brother followed, with fixed and haggard eyes and a quivering frame, supported on the crossed muskets of four soldiers. When the moment arrived, Jacinto refused to have his eyes bandaged. He was shot, and with the sound of the firing, Manuel raised himself suddenly, gazed with frightful curiosity on the dead body of his brother, and then mingling shouts of laughter with his tears, and pointing to the corpse with his finger, he was insane.

The Marchioness from whom all this tragedy of horrors had been concealed until this time, sunk in a month after the death of Jacinto. The Marquis having now but a solitary duty to perform, left Portugal to seek medical aid for his child.

He visited Germany and consulted the most eminent physicians; France, and while in it, sojourned for several months in the *maison de Sante*, of Dr. Blanche. Finally he came to England, and there occurred the termination which we have related. A Monumental Stone, near Bethlem Hospital, on which the Marquis caused to be engraved the single word, *Hope*, is the only memorial of Manuel.

The mother of Don Miguel died calmly at the Chateau De Bemposta on the 7th of February, 1830.

CASE II.

The following very interesting and instructive case from Dr. Wigan's work on the Duality of the Mind, was we believe first published in the "Illuminated Magazine," and was regarded by some as a fictitious story; but Dr. Wigan states that he knew the parties, and can vouch for the general accuracy of the narrative.—*Editor of Journal Insanity.*

A gentleman engaged in the higher departments of trade—a good man—and an affectionate parent—had two sons, who, at the time I begin their history, were respec-

tively of the ages of five and ten. The attachment between them was so remarkable as to be the common topic of conversation among their friends and acquaintance. The children were together; and to see them walk round the garden, with the arm of the elder round the neck of the younger, while the other, who could not reach his neck, endeavored to clasp his waist—with their long auburn hair, in the fashion of the day, hanging down in ringlets, and as the elder stooped to kiss his little brother, covering his face, those who had seen them thus occupied, their lovely features beaming with affection, would have said, that nothing on earth could give a more vivid idea of angels.

The children when separated for a few hours were miserable; and when the time arrived for sending the elder to school, it was a subject of serious reflection with the parents and friends, whether so intense an affection should be checked or encouraged; the former was decided on, and the elder was sent to a distance.

Both children were so exceedingly unhappy, that sleepless nights, loss of appetite, incessant weeping, and rapid wasting of body, made every one fearful of the consequences of prolonging the absence, and they were brought together again. Those who witnessed the tumultuous joy of their meeting, describe it as inexpressibly affecting. They soon recovered their health and spirits, and their mutual affection seemed, if possible, to be increased by their temporary separation.

The experiment, after a while, was again made, with similar results; and it was decided never to risk another.

An arrangement was now entered into with a schoolmaster to receive both boys, although contrary to the regulations of his establishment, which professed to admit none under ten years of age.

The two boys kept themselves almost entirely aloof from all the rest; the elder helped the younger in his education, watched him with a kind of parental solicitude, kept a vigilant eye upon the character of boys who sought

his society, and admitted none to intimacy with his brother of whom he did not entirely approve. The slightest hint of his wish sufficed with the younger, who would almost as soon have contemplated deliberately breaking the Commandments, as opposing his wishes in the slightest degree.

Both made rapid progress in their education, and their parent's hearts were filled with thankfulness for the blessing.

In the midst of this happiness, news arrived from the schoolmaster that, from some unexplained cause, the elder boy had begun to exercise a very unreasonable and tyrannical authority over the younger; that he had been repeatedly punished for it; but although he always promised amendment, and could assign no cause, reasonable or unreasonable, for his conduct he soon relapsed into his usual habits, and the schoolmaster requested to know what was to be done. The father immediately sent for both boys, and entered upon a lengthy investigation.—The little one was almost heart-broken, and exclaimed, “He might beat me every day if he would but love me; but he hates me, and I shall never be happy again.”

The elder could assign no reason for his animosity and ill treatment; and the father, after many remonstrances, thought it right to inflict on him very severe corporeal chastisement, and confined him to his room for some days with nothing but bread and water. The lad on his liberation gave solemn promises of altered conduct, but shewed little affection for his brother, although the latter used a thousand innocent stratagems to inspire him with tenderness. They returned to school. In a few days similar scenes and worse occurred; the boy was again and again punished by the master, again and again promised amendment, but in vain, and he was at last taken away from school by his father.

A repetition of severe punishment, long incarceration, and a rejection by all his relatives, had no effect in

changing his disposition ; his dislike to his brother became fixed animosity, and from animosity degenerated into the most deadly hatred ; he made an attempt on the child's life ; and if he saw him pass an open door, would throw a carving-knife at him with all the fury of a maniac.

The family now resorted to medical advice, and years passed in hopeless endeavours to remove a disposition obviously depending on a diseased brain. Had they taken this step earlier, these floggings and imprisonments would have been spared, as well as the heart-sickening remorse of the father.

Still the boy was not insane : on every topic but one he was reasonable, but torpid ; it was only by the sight of his brother, or the sound of his name, that he was aroused to madness. The youth now advanced towards manhood. When about the age of fifteen he was taken with a violent but Platonic passion for a lady more than forty years of age, and the mother of five children, the eldest older than himself. His paroxysms of fury now became frightful ; he made several attempts to destroy himself ; but in the very torrent and whirlwind of his rage, if this lady would allow him to sit at her feet and lay his head on her knee, he would burst into tears and go off into a sound sleep, wake up perfectly calm and composed, and looking up into her face with lack-lustre eye, would say, "Pity me ; I can't help it."

Soon after this period he began to squint, and was rapidly passing into hopeless idiocy, when it was proposed by Mr. Cline to apply the trephine, and take away a piece of bone from the skull, in a place where there appeared to be a slight depression. "The indication is very vague," said he, "and we should not be justified in performing the operation but in a case in which we cannot do any harm ; he must otherwise soon fall a sacrifice."

It was done, and from the under surface grew a long spicula of bone piercing the brain ! He recovered, resumed his attachment to his brother, and became indifferent to the lady.

The disease which led to these terrible results had its origin in a blow on the head with the end of a round ruler—one of the gentle reprimands then so common with schoolmasters.

CASES III AND IV.

DOUBLE CONSCIOUSNESS.—From the Fifth Annual Report of the Crichton Royal Institution for Lunatics—by W. A. F. Browne, M. D., Dumfries, Scotland, 1844.

A. B. conceives that he is himself and another person at the same time; he acts as if this belief were sincere, and cannot divest himself of the conviction that in his own body are two minds or persons suggesting courses of conduct widely opposed. He is certain that his original self, A. B., is a base abandoned scoundrel, tempting his other, or new, or better self, to whom it should be noted is attached the emphatic *Ego*, to commit crimes or acts of which he altogether disapproves. The second person of this duality repels, struggles with these abominable solicitations, such as that he should commit suicide, and loathes the tempter or first person. This struggle sometimes becomes real and visible, when the hands, acting under the will of No. 1, or the virtuous and opposing impulse, beat and bruise the legs, body or head, which, it may be presumed, are supposed to belong to No. 2, the vicious or tempting impulse. The object of one is obviously to inflict pain upon the other. The blows are so severe as to leave marks for days, and when these are adverted to, the answer is, as if from No. 2, "Don't justify him, he deserved it." Such conflicts generally occur during the night; the delusion appears to be the strongest at the time of awakening, and the interference of the night watch is required to part or pacify the combatants. The mind appears on these occasions to be so pre-occupied by the delusion, as to confound the sensations communicated by these blows, and to refer them to the body of another. In conversation with those around, A. B. speaks at one time as No. 1, at another as No. 2.

In the second case, the mind appears clear and coherent during the day, but insane or unsettled during the night, and when the patient is in a horizontal position. The healthy perceptions recognize the morbid ideas or dreams, for such it is probably they are, as appertaining to another state of being, and that they are the result of insanity. The patient is of cultivated mind, and able to analyse and describe his own feelings. He believes that he has two natures. For twelve hours he can laugh at the delusions of his companions and at his own ; but during the night he supposes himself to be in a state of complete mesmerism ; that he is mad and has the delusions of all the persons in the same gallery concentrated in himself, which rules all his thoughts and actions, fills his mind with visions of the past and future, and enables him to accompany the night watch in his rounds, and to perform many inexplicable deeds, which are either repetitions of what he has done, or prefigure what he is still destined to do. He, the sane man, emphatically declares these to be the hallucinations of an insane man, who is himself, and yet different. Both of these manifestations of disease may be attributed to the abstruse but vain philosophical inquiries of the mind while in health.

ARTICLE VI.

PROGRESS OF THE PERIODICAL LITERATURE OF LUNATIC ASYLUMS.

So far as we have knowledge, the first newspaper ever issued from a Lunatic Asylum and conducted by the inmates, was the "*Retreat Gazette*," published at Hartford, Connecticut, in 1837. The first number was issued in August of that year. It was edited solely by a patient, who had however been an editor of a paper before he became insane. After his recovery and removal from the Retreat, the Gazette was discontinued. Other patients of the Retreat contributed to it. The following effusion we select from the second number.

TO THE ASSISTANT MATRON.

My dear Miss——, although it be dark,
I cannot refrain from striking a spark
Of grateful emotion—true heart-felt devotion
To you for your kindness,
In mending and starching my collars and shirts.
You are not like flirts,
In both town and city,
Who vainly attempt to make themselves pretty,
By spending their time and their parents' money
In decking their persons out so funny,
That men of sense take them to be fools,
That ought to be kept in their mothers' schools,
Until they fear what a young miss dreads—
That they shall live to be lonely old maids.
But, truly you've done up my clothes so neat,
When I put them on they look so complete,
That I fancy my *wife* must have handled them over.
But no—they've been done up by one,
Who, though not *now* a wife,
Yet I'll bet my gray hairs against a jack knife,
That she'd make one as good, and as neat, and as true,
As ever blest man, in the old world or new.

To this succeeded the "Asylum Journal," published by the inmates of the Vermont Asylum, at Brattleboro'. The first number was published, November 1, 1842. For a considerable time it was issued once a week, and now once a month. It is an interesting paper, and has, we believe, an extensive circulation.

Quite recently, a newspaper has been started by the inmates of the Crichton Royal Institution for Lunatics, Dumfries, Scotland. It is entitled "*The New Moon, or Crichton Royal Institution Register*," and has for its motto:

"Hail! awful madness, Hail!
Nor best nor wisest are exempt from thee,
Folly—Folly's only free."—PENROSE.

It is edited, composed and corrected, exclusively by inmates. From the second number, dated January 3d, 1845, we select the following

SONNET.

"Do thou with method tranquilize my mind;
 The perfect harmony of form infuse
 Into me, as to Thee I meekly pray—
 So that men looking on me well may say,
 The gift of life he doth not now abuse,
 Over his soul religion holdeth sway.
 My spirit weeps the oft-neglected chance
 Of many a bright employ, if strength had been
 Exerted kindly, as 'twas kindly given;
 And many a weeping figure now presents
 Itself with this—Oh, take a thought and mend!
 Neglected counsel comes hard home to me!
 Departed chance, I deeply sigh for thee—
 Yet, fettered tho' I am, my thoughts fly up to Heaven!"

Until within a few years, there was no Journal exclusively devoted to the subject of Insanity. Now there are three, viz: one at Paris, the "*Annales Medico Psychologiques*," another published at Berlin, and our own. Probably others will soon arise to meet the public demand for information, relating to disorders of the mind.

That such a Journal has not before this been published in England, is, as the Medico Chirurgical Review observes, rather a "wonder."

On this subject, the editor of the Review says, "Brother Jonathan" is, assuredly, "going a-head" in physic as well as in commerce, and all the various branches of art, science and literature. Free, or at least democratic institutions, have a general tendency to liberate the mind from the shackles and forms imposed on it by despotic governments; as may be seen in a comparison of China with Great Britain. But as America is still more democratic than England, so, in the former, there is greater propensity to spurn the boundaries within which the current of thought, invention and speculation runs in the "old world." The "JOURNAL OF INSANITY" conveys a new idea; and the wonder is, that it never struck the encephalon of John Bull, who is not a little prone to this terrible malady, and who expends many millions annually on institutions for its reception and treatment."

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2. Medical Jurisprudence, by ALFRED S. TAYLOR, Lecturer, &c.; edited with notes and additions by R. Eggesfield Griffiths, M. D.; 8vo., Philadelphia, 1845.
3. Principles of Forensic Medicine, by WILLIAM A. GUY, M. B. Cantab. Professor of Forensic Medicine, King's College, London, &c.; 13mo., London, 1844.
4. *The latest and best work on Forensic Medicine.* Principles of Medical Jurisprudence, with so much of Anatomy, Physiology, Pathology and the Practice of Medicine and Surgery, as are essential to be known by Lawyers, Magistrates, Coroners, Officers of the Army and Navy, &c., by WILLIAM A. GUY, M. B., Cantab Professor of Forensic Medicine, King's College, London, &c.; first American Edition, edited by CHARLES A. LEE, M. D., who has added 200 pages of original matter, adapting the work to the wants of the Medical and Legal Professions in the United States; 8vo.; New York, 1845.

We have recited the title pages of the above works, as given in their original editions, and as republished in this country. And with every allowance for the license that is usually granted to editors, we cannot but express our disapprobation at the additions made in the last on our list. Certainly they must prove disagreeable to the author, if he has a spark of genuine modesty, whilst the blunder of making him a *Cantab* Professor of Forensic Medicine cannot fail, if it be noticed in England, to bring upon us a shower of ridicule.

Our object in noticing these works, is of course not to consider the whole of their contents. This would be inappropriate to the plan of the Journal. But we have thought that it might be useful to analyze the observations of Mr. Taylor and Dr. Guy on the subject of Insanity, and to inquire what they have added to our knowledge of it, in the department which they profess to teach. Certainly there can be none of greater importance in the administration of justice. From every civilized country, we hear the invocation of the philanthropist, and the lo-

ver of soeial order to establish the line between crime and delusion. The medical witness, too, has absolutely greater power in deciding the fate of an accused person in this matter than in any other, on which he is professionally consulted. It would certainly seem proper in works offered as guides as well to the medical as the legal profession, that an accumulation of all that is known should be presented, fortified by authority, and supported by argument. Discretion might teach that it is the amount of well founded experience that must ultimately prevail, and not the bare statement of an individual, unsupported by any consideration except what he derives (often unacknowledged) from others.

The subject in question, is opened by Mr. Taylor in the 63d chapter of the the English, and the 62d chapter of the American edition. The heading is as follows: "*Unsoundness of Mind; Forms of Insanity.*" The selection of the first of these terms as a general one, is unfortunate. *Unsoundness of Mind* is now used in the English law, and even in our American Statute Books, as expressive of a particular *form* of insanity, or rather of mental alienation.

The law of England, he proceeds to observe, recognizes two states of mental disorder or alienation. *Dementia Naturalis* or Idiocy, and *Dementia Adventitia*, signifying general insanity, as it exists in individuals who have once possessed reasoning powers. To this state, the term Lunacy is also applied, and it includes what medical men at the present day arrange under the names of mania, monomania, and dementia, and which are generally accompanied by lucid intervals.

The main character of insanity, in a legal view, is said to be the existence of a delusion, but of the term "unsound mind," Mr. Taylor deems it impossible to give a consistent definition, mainly because the test for it in law, has "no immediate reference to the mere existence of delusion, so much as to proof of incapacity in the person, from some morbid condition of intellect, to manage his affairs." This is evidently retrograding in our advance

to precision in the use of the term. It is well known that in the time of Lord Hardwicke, *unsoundness of mind* was a synonyme of insanity. It was employed under its ordinary acceptation, distinct from any technical meaning. Lord Eldon, however, understood by it a particular state of mind, distinct alike from insanity and from idiocy, and yet such as to warrant the committal of the individual laboring under it, and also his property to a guardian.—Certainly the course of decisions, and the opinion of commentators, all tend to prove that by it is to be understood a degree of *imbecility, amounting to an inability to manage one's affairs*. If it does not mean this, of course it will be difficult to give it any other, but can it be proper to leave so important a term, and now so much employed undefined, and without some effort to fix its true sense?

There is a secondary advantage in insisting on this or a similar definition, viz: that it partially diminishes the prominence given to the idea, that delusion *constitutes the essence of insanity*. There are some individuals in whom the cause of insanity cannot be traced back farther than to intense sorrow, fear, brooding over misfortunes—all of which have had a real existence; there are others, in whom we have every reason to suppose that the delusion is present in the mind, but it is concealed from the eye of the keenest observer.

We have dwelt the longer on this branch of the subject, because we feel the urgent necessity of assimilating the language of the lawyer and the physician in their investigations and in their decisions. Unless each fully understands and appreciates the other, and in particular in the use of so important a matter as the various forms of insanity, we must hope in vain for improvement.

Our author next notices the divisions of insanity, commonly adopted by medical jurists, viz: into mania, monomania, dementia and idiocy, but throws a strong shade of doubt over it, by remarking that it is purely artificial.—No reason is assigned for this, and it is far too strong a

phrase to employ, concerning a classification proposed by Esquirol, and sanctioned by a host of subsequent observers.

Brief notices follow of the characteristics of each of these forms. Under the head of mania, an attempt is made to discriminate between Hallucinations and Illusions. "Hallucinations are those sensations which are supposed by the patient to be produced by external impressions, although no material objects act upon the senses at the time. Illusions are sensations produced by the false perception of objects, (Marc.) When a man fancies he hears voices while there is a profound silence, he labors under a hallucination, when another imagines that his ordinary food has an earthy or metallic taste, this is an illusion. Illusions sometimes arise from internal sensations." Either the examples here given are not very happy, or the distinction attempted to be established is almost without a difference. In one case, the organ of hearing is disordered, in the other, that of the taste. So far they are similar; and again hallucinations as well as illusions, may certainly arise from internal sensations.—It would probably be best to drop one of these terms, as useless or unnecessary, in our ordinary descriptions of the phenomena of insanity, unless we can establish a more rigorous distinction as to their causes.

Monomania is described without any novelty, except that Mr. Taylor remarks, and very properly, that it is not to be supposed that a man is insane upon one point only, and sane upon all other matters. "The only admissible view of this disorder is that which was taken by Lord Lyndhurst, in one of his judgments. In monomania, the mind is unsound, not unsound in one point only, and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular person or object."

On the subject of "*Moral Insanity*," the stumbling block of the present day, Mr. Taylor takes conversative ground. "It is, however, very doubtful, (he observes),

whether moral insanity *ever exists* in any individual without greater or less disturbance of the intellectual faculties. The mental powers are rarely disordered without the moral feelings partaking of the disorder, and conversely it is not to be expected that the moral feelings should become to any extent perverted, without affecting the intellect. The intellectual disturbance may be difficult of detection, but in every case of true insanity, there is no doubt that it exists, and it appears to me that it would be a *dangerous rule to pronounce a man insane where it does not obviously exist.*" We shall hereafter see how far he carries out these views.

The usual statements are given as to *Dementia* and *Idiocy*.

The hereditary transmission of insanity is next considered, and the frequency of its occurrence, and the importance of adducing proof of it in many medico-legal cases is properly insisted upon. But, he adds, that according to Chitty, (Med. Jurisprudence, 1, p. 352, incorrectly 355 in the American edition.) "it is an established rule of law that proof that other members of the same family have decidedly been insane, is not admissible either in civil or criminal law." Can this be possible? Is the law such? Mr. Chitty wrote in 1834. May not its provisions have been since modified, and should not Mr. Taylor, residing as he does, at the well-spring of law, have enquired into this? At all events, we have the following recent case, reported in the third volume of Curtis' Ecclesiastical Reports. (*Frere v. Peacocke*.)

Sir Thomas Aplee died in December, 1842. His sister opposed the probate of his will and testament, on the ground that he had not been of sound mind when making it, and in proof of this offered to show that one of his uncles, and two of the natural sons of another uncle were, or had been confined as lunatics. Sir Herbert Jenner (the Judge) considered that this was going too far—to bring in the natural children of an uncle of the deceased—but he says expressly, that in *Tyrrel v. Jenner*,

the party whose insanity was pleaded, was a sister of the whole blood, and immediately and inseparably connected with the testator, and that therefore the proof was allowed, and he intimates very distinctly, that he would admit in this case the proof of the insanity of a brother of the deceased.

On the subject of Feigned Insanity, we have the usual direction for its detection. "In an impostor, no act indicative of insanity can be adduced for any previous period of his life. it is only after the perpetration of a crime and its detection, that any acts approaching to insane habits will be met with." Still it is possible, (adds Mr. Taylor,) that the actual commission of a crime has suddenly led to an attack of mania in a previously sane person. Dr. Pagan has related a very singular instance of this kind.

"Two men were committed to prison on a charge of theft, and the officers requested a poor man, who was a shoemaker, to assist them in conveying the prisoners. This man took a gun with him for better security. During the journey, one of the prisoners leaped from the cart and ran off. The officers called to their assistant to fire, and he thinking himself warranted to do so, fired, and wounded the prisoner in the back and loins. The man who fired the gun was himself immediately committed to jail as a criminal, and the event made such an impression upon him, that he became violently maniacal. When scarcely recovered, he was tried for the offence, and it was supposed that he was feigning insanity. He was convicted, and sentenced to six months imprisonment."

The difficulty with this interesting case is, that it is inapplicable to the purpose for which Mr. Taylor offers it. *It was not in its inception morally a crime.* The poor man supposed that he was doing his duty, when in obedience to the direction of the law officers he fired on the fugitive. This is very evident from the more extended narrative of Dr. Pagan, (Medical Jurisprudence of Insanity, page 82,) and certainly there is no cause more probable for this sudden attack, than his finding, that what he supposed

was a lawful action, was now declared to be a criminal one, and that he must be incarcerated and would hereafter be punished.

The next chapter treats of *Restraint, Interdiction and Lucid Intervals*. Under what circumstances should an individual be put under restraint? If we discover that he labors under a delusion, it is then our business to discover how far he may endanger the well being of himself and his friends. If this is not probable, careful and judicious superintendence will answer all the purposes of the closest restraint. But Mr. Taylor subjoins, "If a remarkable change has taken place in the character of the patient, if he has become irritable, outrageous, or threatened personal violence to any one, or if he has recklessly endangered the interests of himself and his family, he is undoubtedly a fit subject for restraint."

The greatest abuses of the restraint system are said to have occurred in respect to monomania, in which individuals have been forcibly imprisoned because they entertained some absurd delusions, over which, however, they had so great a power of control, as to render it somewhat difficult for a shrewd and experienced examiner to detect them. All this is very correct criticism on the commissions of inquiry and their occasionally harsh results. But the main and important point of interest is not even hinted at. It is, whether some mode cannot be devised of preventing these awfully numerous cases of murder and suicide which are now a days perpetrated by monomaniacs, or in other words, by such as labor under *dangerous delusions*! These persons have their premonitory symptoms and indications manifest to the observer, if he be a medical man, and it may be a serious question before long, whether they should not be spread before the intelligent part of the public, in order to put them on the guard against the heart rending consequences which are continually startling us. Better that some hypochondriacs be temporarily secluded, than that a troop of homicidal and suicidal monomaniacs be allowed from day to

day to work themselves up to the commitment of these enormities.

Discharge of Lunatics. Mr. Taylor very properly observes, that one who has been guilty of a very heinous crime, like murder, should never on any pretence be discharged. With such a person at large, the community is never safe. And indeed in all instances, where the tendency of the maniacal attack appears to lean to personal violence, great deliberation should be used, in setting the individual free.

Interdiction. This is rather a novel term, but it is well defined, and therefore deserves to come into use. "By interdiction we are to understand the depriving a person laboring under mental disorder of his civil rights; in other words, preventing him from exercising any control or management over his affairs. It may be with or without restraint, for one condition does not necessarily imply the other." After this explanation, our readers will perceive that the subject itself is a familiar one. This is the region of "unsoundness of mind," of "imbecility," of "incapacity to manage one's affairs." Here we have commissioners, medical and legal, to examine the individual; here we have medical witnesses in conflict with each other, and the not unfrequent results are seen in the well known cases of Mr. Davies, Miss Bagster and David Yoolow, to which Mr. Taylor refers, but into whose peculiarities (except that of Miss Bagster,) he does not enter in a manner so as to be fully useful in future investigations.

Lucid Intervals. "By a lucid interval, we are to understand a temporary cessation of the insanity, or a perfect restoration to reason. Thus then, it differs entirely from a remission, in which there is a mere abatement of the symptoms." Again, "There is no doubt that lunatics do occasionally recover for a longer or shorter period to such a degree as to render them perfectly conscious of and legally responsible for their acts like other persons. The law intends no more than this by a lucid interval,

it does not require proof that the cure is so complete, as that even the predisposition to the attack should be extirpated."

Take another quotation: "In a medico-legal view, its alleged existence must always be looked upon with surprise and doubt, when the interval is very short. These lucid intervals are most frequently seen in cases of mania and monomania; they occasionally exist in dementia when this state is not chronic, but has succeeded a fit of intermittent or periodical mania. They are never met with in cases of idiocy and imbecility." And finally, read the following. "It has been said, that a person in a lucid interval is held by law to be responsible for his acts, whether these be of a civil or criminal nature. In regard to criminal offences, committed during a lucid interval, it is the opinion of some medical jurists, that no person should be convicted under such circumstances, because there is a probability that he might at the time have been under the influence of that cerebral irritation, which renders a man insane. (Prichard.) This remark applies more especially to those instances where the lucid interval is very short. Juries now very seldom convict, however rationally in appearance the crime may have been perpetrated, when it is clearly proved that the insane was really insane within a short period of the time of its perpetration."

Comment on these observations is scarcely necessary. They are in a measure contradictory, and must remain so with every one who endeavors to reconcile medical opinions with legal adjudications. The *lucid interval* of the criminal jurist is altogether a different thing from the *lucid interval* of the physician who has studied insanity.

The remaining chapters on this subject are respectively entitled, *Responsibility of the Insane for civil and criminal acts*, and *Criminal Responsibility*. This last is too important to be briefly dismissed at the conclusion of this notice, and we therefore reserve it, with a comparative view of what has been said by Dr. Guy on the same point, for a

future number. We conclude with a review of what is said by Mr. Taylor on the subject of *Wills*. There are some diseases, which *prima facie* unfit for making them: others again, as hemiplegia, do not necessarily prevent their validity. Insanity must be proved to destroy its value, and even subsequent suicide, is not to be received as a positive proof that the mind was diseased, when the will was made. "A case has been decided, where the testator had committed suicide three days after having given instructions for his will, but the act was not allowed to be a proof of insanity, and the will was pronounced to be valid."

As to wills executed by persons afflicted, or supposed to be afflicted with monomania, the principle laid down appears to be the following: "A will may be manifestly unjust to the surviving relatives of a testator, and it may display some of the extraordinary opinions of the individual, yet it will not necessarily be void, unless the testamentary dispositions clearly indicate that they have been formed under a delusion. Some injustice may possibly be done by the rigorous adoption of this principle, since delusion may certainly enter into a man's act, whether civil or criminal, without, or being always able to discover it, but after all, it is, perhaps, the most equitable way of construing the last wishes of the dead."

This might do very well as a rule, even if it caused *some injustice*, did it not in terms exclude an inquiry into the causes of that *persistent* hatred or dislike to relatives, so often shown in trials of this description. In some instances, it can scarcely be called a delusion, yet it is insanity in its most marked form—characterized by its most striking moral feature, and yet the individual testator, may to thousands, have appeared a sound man. The *living*, in some cases, should be regarded with as much *justice* as the *last wishes of the dead*. T. R. B.

MISCELLANY.

A TREATISE ON INSANITY ; by E. ESQUIROL, Physician-in-chief of the Maison Royal des Alienes de Charenton, etc. Translated from the French, with additions by E. K. HUNT, M. D. Philadelphia: Lea & Blanchard, 1845.

This valuable work has recently been translated by Dr. Hunt, of Hartford, Ct., and published by Lea & Blanchard, of Philadelphia. We rejoice at this, and thank the translator and the publishers. We consider it on the whole, *the best work on Insanity*—the one we should prefer if we could have but one. We trust it will have an extensive sale, as it is essential to the completeness of every physician's library, while those who have much to do with the care and treatment of the insane, should "keep up a daily acquaintance with it," as Dr. Conolly states he "has done for many years."

We do not propose to notice the work at length, as we presume all who take much interest in the study of insanity, will obtain it—we can, however, refer the reader to two extended notices of it, published several years since—one in the American Journal of the Medical Sciences for Nov., 1838, and another in the Edinburgh Medical and Surgical Journal, which was republished in Bell's Select Medical Library, of 1840.

The translator has done his work faithfully and well, and made many valuable additions, for which his experience in the treatment of the insane, and knowledge of the writings of others, well qualified him.

SOCIETY FOR IMPROVING THE CONDITION OF THE INSANE.

This Association was formed in London, on the 15th of April, 1842. Its officers are as follows: *President*, The Earl of Shaftsbury. *Trustee*, Sir Alexander Morrison. *Hon. Secretary*, Thomas Coult's Morrison, Esq. Its objects are

"1st. The diffusion of practical knowledge concerning the nature, causes and treatment of Mental Disorder, by meetings of Medical Practitioners, and other persons who feel interested in the subject, in London and its vicinity.

"2d. The institution of Correspondence and Prize Essays on various points connected with the treatment of Insanity, and with the management of hospitals, and public and private asylums for the insane.

"3d. The advancement of the moral, intellectual and professional education of the immediate attendants on insane patients."

The funds of the Society, which are devoted to the payment of premiums for Prize Essays, and rewarding meritorious attendants of the insane, in London and the adjacent counties, are raised by donations, and by annual subscriptions of the members.

Two prizes for Essays were offered in 1843; one of Twenty Guineas for the best Essay on the Distinction between Crime and Insanity, and one of Ten Guineas for the best form of keeping cases of Mental Disorder. The former was awarded to Sir A. Morrison. We have not learned the issue of the latter.

Four premiums were also offered to Attendants; two, of Three Guineas each to the Attendants, one of either sex, who should produce the best testimonials, and two for those who should produce the next best testimonials.

The prizes for 1844-5 are, for the best Essay on the Pathology and Treatment of Puerperal Insanity, 21 Pounds sterling; for the second best Essay on the same subject, 10 Pounds sterling.

The Society meets in London monthly from December to August inclusive. Among its members, are the Duke of Norfolk, the Earl of Arundel and Surrey, the Duchess of Norfolk, Lady C. Morrison, Lady Ellis, (probably the widow of the late Sir W. Ellis, Superintendent of the Hanwell Asylum,) Lady Morrison, &c. &c.

When will a similar association be formed among the dignitaries of this land? P. E.

NEW AND BENEVOLENT ENTERPRISE—CURE AND EDUCATION OF CRETINS.

An Institution having this object in view, has lately been established by Dr. Guggenbulh, a Swiss Protestant Physician at Abendberg, near Interlachen.

The Cretins, as is well known, are a deformed, imbecile class of human being in the valleys of Switzerland, many of whom are to all appearance, idiots.

The benevolent Dr. G., after having devoted several years to the study of the disease in various parts of Switzerland, has satisfied himself that in a majority of cases, it mainly consists in physical disorder, and not in a want of the mental faculties, and proposes to cure by means calculated to improve the bodily health, and to call forth and cultivate the intellect. For this purpose, and to secure a pure air, he has purchased a situation 1000 feet above any place where cretenism prevails, and to which he has removed a considerable number of cretins, whose diet, exercise, amusements and education he personally superintends, and has already been rewarded by witnessing astonishing improvement in several of these abject creatures.

NAPOLEON'S ORDER AGAINST SUICIDE.

A grenadier belonging to the French army killed himself. This suicide was followed by another, and it was feared that the disposition would assume an epidemic character. Buonaparte saw the necessity of prompt and decisive measures, and with a view of striking terror in the minds of the soldiers, and putting a stop at once to the spread of what appeared to be a contagious malady, he issued the following "order of the day," dated *St. Cloud, 22 Floreal, an X*:—

"The grenadier Groblin has committed suicide from a disappointment in love. He was in other respects a worthy man. This is the second event of the kind that has happened in this corps within a month. The First Consel directs that it shall be notified in the order of the day of the guard, that a soldier ought to know how to overcome the grief and melancholy of his passions; that there is as much true courage in bearing mental afflictions manfully as in remaining unmoved under the fire of a battery. To abandon oneself to grief without resisting, and to kill oneself in order to escape from it, is like abandoning the field of battle before being conquered.

Signed,

"NAPOLEON,
"BESSIERES."

The effect of this masterly appeal to the courage of the French soldiery was truly magical. The disposition was completely quelled, and no case of suicide occurred for a considerable time afterwards. The course which Napoleon adopted shewed his great knowledge of human nature, as well as the thorough insight he had obtained into the character of the people over whose mind he exercised so tremendous an influence.

PROVISION FOR THE INSANE POOR IN SCOTLAND.

In the February number of the North British Review is a notice of the "*Report of her Majesty's Commissioners on the Poor Laws of Scotland, presented to Parliament in 1844, with remarks on said Report by Dr. Alison.*"

The article is said to be written by Dr. Chalmers who, as is well known, is opposed to all compulsory provision for the poor—to any assessment, however small, for the relief of poverty—and in favor of a voluntary system of charity, by which the poor should be provided for by local and parochial arrangements. He observes, "Let the principles of prudence for oneself, and of affection, both relative and social, for others—principles inserted, by the strong hand of Nature, in the human constitution, and which Christianity would invigorate still more—let these be kept in free and undisturbed play throughout any aggregate of human beings, and not be enfeebled or paralyzed by the devices of an artificial charity; and our assertion is, that we shall both have fewer poor, and these few more amply provided for, under the system which is advocated by us, than under the system which is opposed to it."

This able writer states, however, that other provision is necessary for the sick and the *insane*, and strenuously urges an increase of public Hospitals and Asylums for their cure and comfort.

"Whatever controversies," says he, "may have arisen, and may yet remain unsettled, on the best method of prescribing for general indigence, there ought to be no controversy on the question of a certain and complete provision, and at the public expense, too, for all sorts of institutional disease. We confess an unconquerable repugnance to any assessment, however small, for the relief

of poverty, but along with this, the utmost demand and desirousness for an assessment, however large, so long as the produce of it is rightly expended on the object of public health—and this, whether in the form of medical institutes, as infirmaries, and fever hospitals, and asylums for the incurable, and the blind, and the dumb, and the lunatic.

“We can figure nothing more appalling or more fitted to outrage the humanity of the public, than the evidence which Dr. Arnold quotes, and much more that he has not quoted on the treatment of the insane—whether of those lunatics whose recovery is possible, or of those who are sunk in hopeless idiocy. These ought never to be mixed up with the inmates of a general or common poor-house; and there ought to be sanative and keeping asylums for both, or houses for the cure of the one, and the perpetual keeping of the other. The compassion of the public might be indulged to any extent in behalf of these heaven-stricken patients; and it were pleasure without alloy, the full luxury of benevolence, with nought to mar the delicious sensation, could we behold them in the full enjoyment of a generous and separate provision, so that in respect of room, and air, and cleanliness, and indeed all the other items of human comfort, they should forthwith be placed on a higher level than the maxim of a distinction between the pauper and the independent laborer will permit to the poor at large. We have long remarked it as a most grievous inexpediency, besides, that it implied a most grievous want of intelligence in the sound principles of the subject, when we saw what is too often realized in our city poor-houses, the fatuous insane littered in straw, and sharing in all the stinted allowances of a mere parish or public receptacle for cases of ordinary destitution. We have read few things more revolting to humanity than the account of the evidence before us of the treatment, the shameful neglect, we fear the horrid and untold cruelty to which the insane poor are subjected in

various parts of Scotland—a most urgent reason truly for the instant extension of lunatic asylums, 'till a door wide enough shall be opened, and space ample enough be provided for the accommodation of all, but no reason why it should be converted, as Dr. Alison has done, into a make weight on the side of a wholly different cause. The controversy respecting general pauperism might continue a *questio vexata* for half a century to come ; but that is no reason why the special cases of lunacy, and indeed all institutional disease, should not from this moment, be ungrudgingly, nay, most cheerfully met, and that on a scale commensurate to the whole extent of the necessity."

NEW JERSEY LUNATIC ASYLUM.—The commissioners appointed by the Legislature for the purpose have selected a farm in Ewing, about two miles and a half from Trenton, as the site for the lunatic asylum about to be erected. The property purchased contains 111 acres. The part of it on which it is designed to erect the building is a level tract of fifteen or twenty acres, situated about 150 feet above the level of the river, and commanding a beautiful prospect of the surrounding country. On the premises is a spring of pure water, which supplies at least 60,000 gallons a day. The water, after leaving the spring, has a fall sufficient to raise the necessary quantity of water to the top of the asylum. The spring will afford more than enough water for all purposes, and will also work the machinery for forcing it up to the building.

DEATH OF HON. JACOB SUTHERLAND.

This distinguished Jurist and Statesman died at Albany, May 13th, aged 57. At the time of his death he was one of the Managers of the New York State Lunatic

Asylum, a situation he had held ever since the organization of the Institution. We notice his death in this Journal but to speak of the warm interest he took in the welfare of the insane and the success of the Asylum ; and to express our sense of the loss this Institution has sustained in being thus deprived of the counsel of one whose learning, sound judgment and benevolent feelings eminently qualified for usefulness in such a station.





AMERICAN JOURNAL OF INSANITY,

FOR OCTOBER, 1845.

ARTICLE I.

A SKETCH OF THE HISTORY, BUILDINGS, AND ORGANIZATION OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE, EXTRACTED PRINCIPALLY FROM THE REPORTS OF THOMAS S. KIRKBRIDE, M. D., PHYSICIAN TO THE INSTITUTION.

HISTORY.—In the year 1751, a number of the benevolent citizens of Philadelphia were incorporated by an act of the Provincial Assembly as “The Contributors to the Pennsylvania Hospital.” Their charter was general in its character, and provided for “the relief of the sick and the reception and cure of lunatics.”

The distressed condition of the insane of the province, the entire want of accommodations for their reception, and the absence of all judicious treatment were pre-eminently set forth in all the public appeals, and in all the official documents relative to this new undertaking.

From the first opening of the institution, on the 11th of February, 1752, an insane department has always constituted a prominent part of this noble charity, and has claimed a large share of the attention and benevolent labors of its distinguished medical officers and managers.

For a long period of years, it was far in advance of all other receptacles of the insane in the United States; and having the advantage of physicians like Bond, Shippen, Rush, Wistar, Physick and others, of equal celebrity, its wards for this description of patients were constantly filled,

and its advantages eagerly sought by patients from the most distant sections of the Union.

From private contributions and legacies this institution has always mainly relied, for its support and for the means of extending its usefulness. Principally from these sources, and from a judicious care of its funds, by its early boards of managers, have arisen the noble buildings, which occupy the square between Spruce and Pine and 8th and 9th sts., in the city of Philadelphia, now used only for medical, surgical and obstetric patients; and those more recently erected, two miles from Philadelphia, devoted entirely to the Insane, and which will be described in detail in the following pages.

The insane were received and treated in the Hospital in the city of Philadelphia till the spring of 1841, and up to that period four thousand three hundred and sixty-six had received the benefits of its care. Of this number, one thousand four hundred and ninety-three were restored to their families perfectly cured; nine hundred and thirteen were discharged improved; nine hundred and ninety-five were removed by their friends without material improvement; two hundred and fifty-six eloped, principally before the square in the city was permanently enclosed; six hundred and ten died; and one hundred and ten were transferred to the new "Pennsylvania Hospital for the Insane."

Although all practicable means had been employed for the comfort and restoration of the insane patients, it became evident long since, that great disadvantages were necessarily attendant upon a city location—in connection with a sick hospital, and without a distinct medical organization. These circumstances had for several years induced the Board of Managers to look forward to a removal of this class of patients from the old building, as soon as sufficient funds could be procured for the construction and endowment of a new Hospital.

For this purpose, the resources of the Hospital were husbanded with great care, and the wise foresight of its early managers, in securing the then vacant lots immediately

around the old Institution, ultimately enabled their successors to effect this long cherished object in the most liberal manner.

Several of the lots just adverted to, were purchased at different periods for the sum of eight thousand nine hundred and twenty-seven dollars and twenty-seven cents, and were directed to be sold by the contributors, at special meetings in the years 1832 and 1835. The proceeds of these sales were specially appropriated to the purchase of grounds and the erection of a Hospital for the Insane, and the amount of purchase money and interest received therefrom amounted to about three hundred and twenty-five thousand dollars—with which sum the various improvements, now known as ‘THE PENNSYLVANIA HOSPITAL FOR THE INSANE,’ have been completed.

The corner stone of the new building was laid on the 22d of June, 1836. It is located on a fine farm of 111 acres, about two miles west of the city of Philadelphia, between the Westchester and Haverford roads, on the latter of which is the gate of entrance. The building was nearly completed by the fall of 1840, when Dr. Thos. S. Kirkbride, who continues to direct its operations, received the appointment of Physician to the Institution. Under his superintendence, its organization and arrangements were completed, and the building opened for the reception of patients on the 1st day of the year 1841.

BUILDINGS.—The centre buildings and main wings of the new Hospital present an eastern front of four hundred and thirty-six feet, and consist of a basement and two principal stories. The basement throughout is surrounded by an area seven feet wide at the bottom, and six feet below the surrounding ground, to which handsomely sodded sloping banks gradually ascend. The area is paved with brick, and at its outer edge is surrounded by permanent gutters, connecting with large culverts.

The centre building is ninety-six feet deep—sixty-three feet wide, east of its junction with the wings—and sixty-

seven on its western side. The former, which is the principal front, is built of cut stone and ornamented with a handsome doric portico; the western has also a portico of smaller dimensions, and like the rest of the Hospital is of stone, stuccoed to resemble the eastern front.

Spacious arched halls cross this building at right angles in each of the stories; those passing north and south are twelve feet wide and continuous with the corridors of the wings; the others are fourteen feet wide and contain the stairways, which in the principal stories are six feet wide, and like *all* the stairways leading from the upper story, are, with the exception of the stepping board and hand-rail, constructed entirely of iron and firmly secured to the wall.

In the basement is the kitchen, thirty-six by twenty-two feet, in which are fixtures of approved construction for steaming, baking, &c.,—store-rooms, a family dining room, a similar one for the domestics and a room for furnaces and the storage of fuel. The kitchen and passage ways are laid with flag-stone embedded in mortar, and under the centre building is a commodious cellar.

In the principal story is the managers' room, (which is also the steward's office,) a family parlour, each twenty-four by nineteen feet, and two large rooms thirty-six by twenty feet, used as reception rooms for visitors, and for collecting the patients on the Sabbath, or on other occasions.

Communicating with the corridors of the wings and with the hall of the centre, are rooms, in which patients can have a private interview with their friends, without exposure, either to other patients or to visitors to the house.

In the second story are the Physician's office,—in which are kept the medicine and the library.—chambers for the officers resident in the Hospital, and two parlors, similar in size to the large rooms on the first floor, handsomely furnished and intended for the better class of convalescent patients.

The centre building is surmounted by a dome of good proportions, in which are placed the iron tanks, from which water is conveyed to every part of the building. The sum-

mit of the dome is eighty-five feet above the level of the basement, and from it, the panoramic view is one of great beauty; embracing a large extent of country—several flourishing villages—distant views of the Delaware and Schuylkill rivers, with their shipping—the Girard College, and the city of Philadelphia, with many of its more prominent objects.

The main Hospital is covered throughout with zinc or copper, and all its cornices, window sills, &c., are of cut stone, similar to that used for the front of the centre building. The basement *story* of the centre, and *all* the stories of the wings are thirteen feet six inches high; the two principal stories in the centre are eighteen feet nine inches.

Passing north and south from the centre building are the *main wings*; the north is occupied by the male, and the south by the female patients, and they do not differ materially in their structure or arrangements. On the west side of the basement is a passage-way ten feet wide, and laid in cement; opposite to this in each wing, is a dining room forty-two by twenty-four feet—another twenty-four feet square, lodging rooms for the domestics of the establishment, and rooms for the bath-boilers, for warm-air furnaces, and for the storage of fuel. There is also in the basement a bake house, ironing room, &c.

The principal story consists of a corridor twelve feet wide, with the patients' chambers on each side of it; these rooms are thirty in number, eight by ten feet, and are eleven feet high to the springing line, and twelve and a half feet to the crown of the arch. In each chamber is a glazed window, five feet by three and a half, and over each door is an unglazed iron sash, sixteen by thirty-two inches; by means of which a free circulation of light and air is at all times permitted. At the end of the corridor adjoining the centre building is a private stairway, and at the other, is a parlor twenty-nine by twenty-five feet, having by its side one of the main stairways leading to the upper story. The doors at this end of the hall lead to one of the private yards.

There are also, store rooms for the patients' clothing, and a room containing the funnel by which soiled clothes, bedding, &c., are conveyed from both stories to the basement.

Running to the west and at right angles to those just described, are the *return wings*, having a corridor *ten* feet wide, on one side of which are eight chambers, similar to those already mentioned; opposite to these are three rooms each seventeen by thirteen and a half feet, intended for patients who wish superior accommodations, or who have private attendants,—a wash room, water closet, and a bath room, in which is every convenience for the douche, hot, cold, and shower baths. The patients occupying these different divisions, are separated by large folding doors, which can be thrown open at pleasure.

The upper story is similar in its arrangements and fixtures to that just described, except that the main wing is divided, and that the patients occupying one section of it, are intended to have access to the large parlor in the centre building, and pass to the basement by the private stairway.

The basement and passages of the centre building and every part of the wings, except the parlors and some of the lodging rooms below, are arched throughout.

Cast iron window sash, having glass six by fifteen inches, is used in all the patients' chambers, and by its peculiar arrangement, this hospital presents neither bars nor the extra sash which is almost universally met with. The upper and lower sash work in an iron frame, in which they are so exactly balanced, that no difficulty is experienced in moving them. They rise and fall simultaneously to the extent of six inches, when a *stop* prevents their further progress.—Space is thus given for ventilation without the risk of an escape.

Large glass, and wooden sash are used in all the parlors; in those in the wing, a slight wire screen, similar to that frequently seen in private dwellings, is placed on the outside of the lower sash; in those in the centre, ornamental cast iron screens are employed—both being intended to prevent acci-

dents from sudden impulse, and neither offering anything unsightly either on the inside or outside of the building.

Most of the corridors have a handsome carpet, six feet wide, in their whole extent—improving their appearance, and contributing materially to the quiet of the house, by diminishing the sound made by their being used as a promenade during the day—and enabling those who are passing at night, to do so, without disturbing the patients who have retired. The parlors are generally carpeted and neatly furnished; every chamber where the state of the patient will permit it, has a bedstead, straw and hair matrass, table, chair, looking glass, and strip of carpet; and when desired by the friends of patients, still more furniture may be introduced.

Of the bedsteads now in the house, about fifty are of cast iron, neatly made and painted, and so constructed that they can be firmly secured to the floor, and that vermin cannot possibly be harbored in them; the remainder are of wood, and differ in no respect from what are commonly found in boarding houses.

Thirty-one feet, north and south of the main hospital, and nearly on a line with the eastern front of its centre, are placed the *detached buildings*, or *lodges*—one for each sex—which were authorised to be built by the contributors in 1841. They are also of stone, one story high, and built on three sides of a hollow square; the fourth being finished with piers and an open iron railing, giving free access to the air, and a handsome view of the deer park or surrounding scenery. These buildings are ninety-five feet on the west, and seventy-three on the other two sides—have their cellars arched, and a slate roof. Each building contains rooms for the accommodation of eighteen or twenty patients and their attendants,—a complete apparatus for bathing, water closet, &c.

These rooms are arranged specially for the accommodation of noisy and violent patients; they are placed on the outer side of the building, looking into a passage way eight

feet wide, and finely lighted by numerous windows opening on the court yard, which is surrounded by a brick pavement, ten feet wide, enclosing a grass plot in its centre.

At the back of each room, near the ceiling, which is eleven feet high, is a glazed window three feet two inches, by eight inches, controlled by a cord which passes over pulleys into the hall. On the inner side of each room, in addition to the door, is a cast iron sash, twenty by thirty-seven inches, which may be glazed, or in front of which may be slid a close, wire, or glazed shutter, according to circumstances.

In each of these buildings, three distinct classes of patients can be accommodated; and from their position and structure, the most noisy will offer no annoyance to the inmates of the main hospital, while their accommodations will be scarcely less comfortable.

These lodges have proved an admirable part of the hospital, they are so near the main building as in no way to diminish the facility of supervision, and yet being entirely disconnected with it, they answer the objects of their erection much better, than any apartments in the main structure could possibly do. Every years experience has gone to confirm, the great value of this species of detached building, with attendants always in them, for certain classes of patients, and to prove that the objections occasionally made, do not exist in practice.

All these buildings have been constructed of the best materials, and in the most substantial and durable manner, and as will have been observed from the description are almost perfectly fire proof.

The *Workshop*, is a handsome frame building twenty by forty feet, two stories high, and situated near the gateway. The lower story is intended for carpenter work, turning, basket making, &c.—the upper room is plastered, and may be used for mattrass making, and other pursuits requiring space or for some of the amusements of the patients.

The buildings which were on the farm at the time of its purchase, (in addition to the residence of the Physician

within the enclosure) consist of a comfortable house for the farmer, an adjoining one for the gardener, a spring-house, an ice-house, coach house, barn, &c., outside of the wall, and near the public entrance.

HEATING APPARATUS.—The hospital buildings are warmed by thirty-four air furnaces, burning anthracite coal, and supplied with air to be heated, through openings on the outside of the building. Of these furnaces, twenty-six are placed in the basement story of the main hospital, and four in the cellar of each detached building. By these means, during the severest weather, a regular and pleasant temperature has been given to all the parlors, halls, and chambers, occupied by the patients and their attendants, in every part of the establishment.

By large openings, with valves which regulate the supply, the heated air is freely admitted into all the parlors and corridors; and between the latter and the chambers, there is a free communication by means of the unglazed transom sash over each door, and if desired, during the day, by the doors themselves.

In addition to this, there is provision for giving a further supply of heat to each chamber; on the first floor, from the stone covering the warm air flue, which is about twenty inches wide, and passes along the inner side of each room; and in the second story, by the admission of the heated air through a valve, opening into the room, and out of reach of the patients.

In the Lodges, the warm air is admitted into the passages in a similar manner, and into every room by valves, out of reach of the patients, and controlled from the hall.

VENTILATION.—Near the top of each chamber in the main building, is an opening six inches in diameter, from which a flue passes to the attic, and communicates with the external air, by means of numerous openings in the roof. The arrangement of the chamber windows gives for each when open, a free space, twelve by thirty-four inches, and the current of air is carried across the building, through the door-

ways and the open sash above them. The corridors have either large doors or windows at their terminations, and by opening these, the whole of the wing is thoroughly ventilated in a very short period.

In the detached buildings, each room has one or more openings in the ceiling, six inches square, which communicate with the attic, and thence with the external atmosphere; they are opened and closed by means of a cord which passes over pulleys into the passage.

At each end of each division, (four in all) of this passage way, is an opening similar in design and arrangement. All the ventilators and hot air valves are so constructed, that their position is known at a glance, without entering the patients' rooms.

Fourteen windows, three feet six inches, by four feet nine inches, opening on the courtyard, with the ventilation windows outside, and the door, and iron sash within, give a free ventilation across the building. In addition to the ordinary tight door, there is an open iron one neatly made and painted, at each outer termination of the passage way, by means of which a free current of air is allowed to pass whenever desirable—and the patients restricted to the halls during the summer, are thus given a fine view of the surrounding scenery.

SUPPLY OF WATER.—Near the southeast angle of the hospital property, and more than seven hundred feet from the centre building, is a one story stone structure, sixty-one by twenty-five feet, in which is the pump, driven by horse power, by means of which water is forced into the iron reservoirs in the dome of the centre building. Two horses are able to raise nearly fifteen hundred gallons per hour, through eight hundred and forty-five feet of pipe, to an elevation of one hundred and six feet.

This water is derived from a number of springs which arise on the premises, and empty into a pond one hundred and ninety-five by forty-five feet, and of an average depth of about four feet. From this pond, the water is conveyed

by an iron pipe into the large cistern with which the pump communicates. In addition to this source of supply, a small stream passing through the grounds, can at any time be turned into the cistern should circumstances render it necessary. The reservoirs in the dome contain about six thousand gallons, and two small tanks in the return wings, contain about five hundred gallons each, and from them the water is conveyed to every section of the buildings for bathing and other purposes. The average daily consumption is near three thousand gallons.

In the building just described, are all the fixtures for washing and drying clothes, by means of which an abundance of unpleasant effluvium is kept out of the Hospital. Soiled articles are thrown down the *funnels* in the different wards, and are regularly taken from the receiving rooms in the basement to the wash-house, from which they are returned when ready for the ironing-room. The location of this building, and of the ample drying grounds attached to it, is such, that they can scarce be seen from the Hospital.

DRAINAGE.—The Hospital stands upon a high part of the farm, and has a descent from it in every direction. Commencing at the western side of the centre building, is the main culvert, which empties outside of the wall into a small stream of water, forty-five feet below the elevation on which the building stands, and more than three hundred and fifty feet from it. Into this *main*. empty the *branch* culverts, which lead from the western terminations of the return wings, each being about one hundred and seventy-six feet long.

The culverts which drain the yards, the roofs, and all the washings, of the *detached buildings*, commence under the bath-rooms, join the *branch* culverts near the commencement, and are each about two hundred and seventy feet long.

All the openings into these various culverts are secured by the most approved apparatus for preventing the escape of effluvium, and the culverts themselves are sufficiently large to allow a man to pass through their whole extent.

PLEASURE GROUND AND FARM.—Of the one hundred and eleven acres in the farm, about forty-one around the Hospital are specially appropriated as a vegetable garden and the pleasure ground of the patients, and are surrounded by a substantial stone-wall. This wall is five thousand four hundred and eighty three feet long, and is ten and a half feet high.

Owing to the favorable character of the ground, the wall has been so placed that it can be seen but in a very small part of its extent, from any one position; and the enclosure is so large, that its presence exerts no unpleasant influence upon those within. Although it is probably sufficient to prevent the escape of a large proportion of the patients, that is a matter of small moment, in comparison with the quiet and privacy which it at all times affords, and the facility with which the patients are enabled to engage in labor, to take exercise, or to enjoy the active scenes which are passing around them, without fear of annoyance from the gaze of idle curiosity or the remarks of unfeeling strangers. Our location gives us the many advantages afforded by a thickly settled district, and proximity to a large city, and the wall obviates most of its disadvantages. Immense utility has been found to result from having such *large pleasure grounds, enclosed, and by a wall so admirably located, and not the slightest objection of any kind.*

Immediately in front of the Hospital, is a lawn forming a segment of a circle, in which is a circular rail-road and extensive flower borders. To the east of this, and passing into the woods, is the *deer-park*, surrounded by a high pallisade, and forming an effectual and not unsightly division of the ground appropriated to the different sexes; from various points of which, and from the whole eastern front of the building, it is seen to much advantage.

The pleasure ground is beautifully undulating, interspersed with clumps and groves of fine forest trees, and from every division of it, as well as from every room in the main Hospital, is a handsome view; either of the surrounding country and villages, the rivers in the distance, or the public roads in its immediate vicinity.

The groves are fitted up with seats, and ornamental summer houses, and are the favorite resort of the patients, during the warm weather. That on the west, from the position of the wall, does not appear to be inclosed, and offers full view of two public roads, of the farm and meadow, a mill race, a fine stream of running water, and two large manufactories. The grove on the east is not less pleasant, and the views from it are equally animated. This last surrounds the pond, in which is found a variety of fish.

On the north and south side of the building are private yards, one hundred and seventeen feet wide, and extending two hundred feet from the return wings which form one of their sides. These yards are enclosed by a tight board fence seven and a half feet high, and are surrounded with a brick pavement, which affords a fine promenade at all seasons.

The fences around these yards, like the wall itself, have been constructed, not so much to confine the patients, as for the sake of privacy, and to protect them from the gaze of visitors.

The remaining seventy acres, outside the wall, are cultivated by the farmer, and, with the grass obtained within it, furnish pasture and hay for the large dairy, which supplies both Hospitals with cream and milk during the whole year. From this source are also obtained some grain, and all the potatoes and other vegetables that are required in large quantities. Ample opportunities for agricultural labor are thus afforded for all patients, for whom it may be deemed beneficial.

ORGANIZATION.—The government of the Pennsylvania Hospital is vested in a Board of twelve Managers, who give their services gratuitously, and who are elected annually by the Contributors.

To this Board is entrusted the general management of the Institution and its funds—the regulation of its domestic economy—the admission and discharge of patients, and the

election of Physicians and other officers. In addition to their duties in the city, the attending Managers pay one official visit, weekly, to the Hospital for the Insane, to inspect the accounts, to examine the house and grounds, and to see that the patients receive the proper care and attention.

The Officers of the Hospital for the Insane, are

1. *A Physician*, who resides upon the premises, to whom is confided the general superintendence of the establishment—the sole direction of the medical, moral and dietetic treatment of the patients, and the selection or approval of all persons employed in their care.

2. *An Assistant Physician*, living in the Hospital, who prepares and dispenses all medicine prescribed for the patients—devotes himself to their care—sees that all directions respecting them are faithfully carried out, and that the attendants, and others employed in the wards, fail not in the performance of their duties.

3. *A Steward*, who takes care that the buildings and grounds are kept in good order—makes all the purchases for the house—receives all monies due the Institution for board, &c.—makes engagements with those employed—pays them for their services, and settles all accounts against the Hospital.

4. *A Matron*, who has the general charge of the domestic economy of the house—the cooking and distribution of the food, and of the female domestics, and attends specially to the comfort of the female patients.

In the wings, the following persons are employed :

1. *Supervisors*, one for each sex, whose duty it is to pass their time among the patients in the different wards and pleasure grounds—to endeavor to interest, employ and amuse them in every way in their power, and to see that all the rules for the attendants in their intercourse with the patients, are rigorously observed. Before retiring at night, the Supervisors furnish the Physician with a written report of whatever has come under their observation during the day.

2. *Attendants*, who have the immediate care of the patients—sleep in the same divisions of the house—attend them in the dining rooms—accompany them in their walks, rides, or amusements—assist them when engaged in manual labor, and take the entire charge of the halls, chambers, and clothing of the patients, as may be directed by the Physician.

The buildings of this Hospital admit of six distinct wards in each wing, making as many complete classes of patients for each sex. To each ward is assigned two attendants—so that at all times there is one attendant in the presence of the patients, and one who may be walking or riding with them under his care, or performing other duties that may necessarily take him out of his appropriate division. The only exception to this rule is in the two wards of each lodge, where three attendants are found sufficient to keep up the supervision and perform all other duties—two being generally out of doors with a majority of the patients, and the other having the care of those who remain in the wards.

The number of attendants employed, is generally one for every 7 or 8 patients, exclusive of special attendants, the number of whom varies at different times from 2 or 3 to more than double those numbers.

3. *A Watchman*, who attends to the safety of the building on account of fire—visits every part occupied by the *male* patients, frequently during the night—attends to the administration of medicine when required—starts the kitchen fires and rings the bell in the morning—sees that all rules are faithfully observed, and before retiring to rest, makes a written report to the Physician, of his observations during the night. At 6 A. M. his duties as Watchman cease for the day.

4. *A Watch-woman*, who is governed by the same rules as the watchman, and whose duties are similar, except that her time is spent entirely in the wards occupied by the *female* patients.

In addition to those just mentioned, whose duties bring them directly in contact with the patients, there are employed in the Hospital and resident there—a gate-keeper—a coachman—a jobber—a baker—a fireman—one cook—one assistant cook—three attendants in dining rooms—two chambermaids, and four washerwomen. The farmer and gardener reside outside of the enclosure.

TREATMENT. The *medical* treatment of patients in this institution, is varied of course, according to the peculiar symptoms, presented by each case, and a detail of which would be out of place in a notice like the present. Baths, for which ample provision is made in the different wards, are used very extensively, and all the means of moral treatment in its varied ramifications, are constantly resorted to, for the benefit of the patients. Out door labor in the garden—on the grounds, or farm—mechanical employments of different kinds—riding in the circular railway—ten pins—carriage riding, or long walks to the many objects of interest in and about the city of Philadelphia;—the use of musical instruments—attendance at parties, lectures and concerts—all the usual variety of games—a library of near 1000 volumes, and a great variety of periodicals, are some of the many means which come under this category.

During fine weather at all seasons of the year, the arrangements of this establishment enable a very large part of all the patients to take active exercise, and to spend a large portion of the entire day in the open air.

Those patients who are well enough, attend divine worship in some of the churches in the vicinity, and nearly all attend the reading of the Bible, on the evening of every Sabbath.

RESTRAINT. Restraining apparatus has very rarely been used in this establishment, and the seclusion of patients to their chambers, is resorted to as little as possible. Several months have frequently elapsed without any form of apparatus being employed, and very often out of from 150 to 170

patients, many days elapse without a single one being confined to their room, even for a single hour.

No restraint is ever employed without the express direction of the physician—no apparatus is ever kept in the wards, and the only form ever used, are the invaluable apparatus for retaining certain classes of patients on their beds at night—the leather mittens and wristbands or some still simpler substitute for the latter. Although cases requiring even these means of restraint are not numerous, still the experience of this institution thus far has been, that they may occasionally be employed with advantage to a patient. Special pains are taken to avoid *long continued seclusion*, the bad effects of which among the insane, are believed often to be still greater than what arise from mechanical means of restraint.

ADMISSION OF PATIENTS.—All classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this institution, upon securing the payment of a reasonable rate of board, by the obligation of some responsible resident of the city or county of Philadelphia. Cases of *Mania a Potu* are never received into this hospital—but that in the city, exclusively.

In addition to those patients who pay for their board, a limited number from the State of Pennsylvania is received on the free list, and supported by the Institution without charge of any kind. The number thus admitted is regulated by the income of the Corporation, and of this class there is generally from one hundred and twenty to one hundred and fifty under care, in the two Hospitals, of whom about one fourth are insane.

In order to extend as widely as possible the benefits of this charity, it has been deemed advisable to restrict the admission of insane persons on this list, to recent cases and but for a limited period; so that if no indications of recovery are seen after a reasonable trial, they may be discharged to make room for other applicants. If improving when

their term is ended, they are generally continued till their restoration is complete.

No person about the Hospital, except the officers, knows who are free patients, and there is no distinction made in their accommodations, but what the character of their disease, or their previous pursuits have rendered necessary.

THE PENNSYLVANIA HOSPITAL FOR THE INSANE, as has been before observed, was opened for the admission of patients on the 1st day of January, 1841, and 93 patients, in a short period, were removed from the Hospital in the city to the new location. A few followed after the completion of the lodges. Of them, nearly all were incurable, and had been residents of the old Institution for various periods from 3 to 40 years. Exclusive of these, the following table shows the number of patients admitted, and the average number and the highest number under care each year since the opening of the Hospital.

	1841	1842	1843	1844
1st. Admissions,	83	111	140	153
2d. Average number,	104	114	132	151
3d. Highest number,	116	127	145	163
4th. Total number,	176	238	258	285

The number of admissions for the present year, up to this date, (August 1st.) has been 102, and the highest number in the house at one time has been 171. The wing devoted to males has been crowded for two months past, owing mainly however to the unusual preponderance of male patients, during the present summer, as the whole building when completely filled is capable of accommodating 180 patients with their attendants.

AUGUST 1st, 1845.

ARTICLE II.

RELIGIOUS SERVICES IN LUNATIC ASYLUMS--DUTIES OF
THE CHAPLAIN.

At most of the Lunatic Asylums of this country and of Europe, religious services are held every Sunday, which the patients attend. Some have Chaplains who devote much time to the institution with which they are connected. Chaplains have been appointed to all the County Asylums in England, and at the Hanwell, the Surrey, and some other Asylums, the communion is administered to those patients who wish it, and are considered in a proper state to receive it.

But Chaplains to Lunatic Asylums are not of modern origin. In 1677 there was a Chaplain at the Bethlem Lunatic Hospital, London, whose duty it was "to visit the lunatics and to instruct and pray with such of them as are capable of it." He was also "desired to compose and make such forms of prayers as he shall conceive most fitting for said Lunatics." The philanthropist Howard alludes to the advantages of a Chapel at Bethlem and St. Luke's for the patients, and mentions having seen similar arrangements for the religious instruction of the insane in the Hospitals of other countries.

More than twenty years since, religious services were held in the Glasgow Lunatic Asylum, and a Chaplain was attached to the Nottingham Asylum so early as 1825. Occasional religious services were held at the Lunatic Hospital in New York so early as 1819. On the continent of Europe, in most of the Lunatic Hospitals, religious services are regularly performed. Some Institutions for the Insane have two Chaplains, one Roman Catholic and one Protestant. This is the case at the Institution for the Insane at

Siegburg, under the superintendence of the celebrated Jacobi, who, in his work on Hospitals for the Insane, thus alludes to the religious services of the Hospital, and the duties of the Chaplain :

“On Sunday, as well as on all other days appointed by the ordinances of their respective churches for religious service, worship is conducted in the forenoon by the respective clergymen of the Roman Catholic and Reformed faith. The former commences at half past nine. A. M. and the latter at 10, A. M., throughout the year.

“The respective services are to be conducted according to the existing rules and regulations of each profession ; yet it is requisite that the ceremonial part be simplified and abridged as much as possible ; that a prominent place be given to the singing ; that the sermon be of a plain and simple character, and that the time be limited to half an hour at the most. The more particular points in reference to these peculiarities may be determined by the Director, in conjunction with the clergymen.

“Service is likewise performed in the afternoons of Sundays and holidays ; though on these occasions it is principally confined to the reading of the prayers and lessons for the day, and the time is also limited to half an hour.

“It is only to those patients whose minds enjoy a certain degree of health, either continuously or at intervals, or such as are approaching recovery, or are already in a state of convalescence, that the more spiritual duties of the clergymen can be exercised.

“In the case of such, these duties are of supreme importance ; in order that in the first instance alluded to, the patient, in the bright moments of a transient respite from the thralldom of his malady, may again be enabled, though but for a moment, to hear the voice of Divine Truth : for though no disposition may be thus aroused which would eventually conquer his disease, yet, comfort and tranquility may at least be imparted at a time, when by looking back into the depths of the misery he has for a while escaped, he might

be ready to yield himself to despondency or despair. As to those who are approaching recovery, and about to be restored to the blessings of social intercourse, it is necessary, if possible, to awaken or re-establish in them a genuine religious frame of mind; and especially in those frequent cases, where the mental derangement is the consequence of great moral deviation or transgression, to assist in bringing them to a clear perception of their inward state; to lay hold on religion as their only safeguard, and to love it as the surest means of defence against the recurrence of their afflictive malady.

“Beside the patients and convalescents, the attendants and the whole body of assistants in the establishment, afford the clergymen a wide field of religious labor, deserving of their utmost attention.

“The relative position in which the attendants are placed with regard to the patients, has a close and important bearing on the fulfilment of the objects of the establishment; for the various qualifications which are required of them, as mildness, kindness, patience, firmness, fidelity, &c., are so extensive, and the duties which they have to perform are so arduous, and difficult, that it is not possible they can even approximate to the fulfilment of them, unless strength and ability for their performance be constantly derived and renewed from the fountain of true religion.

“To promote this state of mind on the part of the attendants, and that it may be continually gaining ground and producing its natural and important results, must, therefore, steadily engage the attention of the clergyman; and indeed it is an object to which he can scarcely devote too much anxiety and zeal. Still it is not to the attendants alone, that the clergyman must confine his endeavors to stimulate by a constantly renewed encouragement, to the affectionate, faithful and unwavering discharge of their duties; but the whole body of the officers and assistants, whose occupations are alike difficult and trying, must also share the benefit of his devoted exertions. He must indeed be aware how impor-

tant is the station they occupy, when he considers how much depends on their harmonious co-operation, and how arduous are the exertions required of them, to render the Asylum, as it were, a city of refuge from the greatest of human woes ; how constant an opposition they must maintain against the outbreaks of rudeness, cruelty, obduracy, avarice, and every propensity that can degrade the human heart ; and finally, that this high object has to be obtained, and the utmost mildness and forbearance to be extensively diffused, even amidst the coercion, severe restrictions, and painful privations, which are inseparable from the treatment of this species of disease."

On the participation of the clergymen in the moral direction and treatment of the patients, he thus remarks :

" Since the clergymen, devoted as they are exclusively to the service of the institution, would not be fully occupied by those employments alone, which are connected with their spiritual office, they have also allotted to them a certain participation in the treatment of the patients. There are some cases which afford but a partial and transitory scope for the exercise of the duties of the clergyman, and others which do not admit of any religious alleviation whatever ; yet, even in these cases, the clergyman is enabled by his peculiar vocation, to render very efficient and valuable assistance to the curative means employed by the physician ; though this can only be effected in subordination to the medical treatment already determined on in each particular case.

" When, however, agreeably to these conditions, the occasion arises of investigating the developement and course of the mental aberrations ; of exciting or removing certain frames of mind ; of excluding or facilitating the introduction of particular classes of ideas ; of exciting, superintending, and guiding the operations of the understanding ; then will the clergymen find that peculiar province for the exercise of his abilities, for which his position and pursuits have qualified him. The intercourse of the clergy with the pa-

tients, is of the most agreeable description ; for with the exercise of coercion and force they have nothing to do, but, on the contrary, they can afford them many alleviations of suffering, shew them many tokens of kind regard, and may procure for them many little comforts in their constant and daily association with them. Secure also in the esteem which attaches to their official character, they mingle with the patients at all periods of the day, during their labors, their walks, their recreations, and their meals ; and many are the opportunities thus presented, of discerning the more secret workings of their minds, and of gaining the most effectual influence over them. But, in order to render this intercourse with the patients as valuable as possible, they must avail themselves of those studies to which their peculiar vocation in some degree opens the way ; *they must make themselves familiar with those writings which unfold all that experience has taught, and is still teaching, of the various morbid states of the mind, in order to enable them to penetrate the more profoundly into all the labarynths of mental aberration, and to become the most effective and valuable coadjutors of the physician, in the medical treatment of his patients.* The medical director of the establishment will point out to them those works, the study of which is most calculated for the attainment of this end."

In England, religious exercises are held in most of the Lunatic Asylums. On this subject the *Metropolitan Commissioners in Lunacy*, in their late Report to Parliament, say :

"In respect to Devotional Exercises, and Religious Instruction, we have the satisfaction of reporting that proper attention appears to be very generally paid by the Proprietors and Superintendents of Asylums to these important duties ; that the service of the church is, for the most part regularly performed every Sunday ; and that prayers are in many cases, read on other days of the week, where there are patients in a condition to be benefited by them. We may state also, as the result of our inquiries, that the effect is tran-

quilizing, and productive of good order and decorum, in a remarkable degree, and in some instances permanently beneficial.

"The patients are said frequently to look forward to the service with pleasure, and to consider exclusion from it as a privation. Considering religious exercises in Lunatic Asylums merely as medical aids, and conducive to good order, they are of most important use. So long, at least, as the service lasts, they occupy the patient's mind, and set before him an example of quiet and decorum. The prayers of the church are eminently calculated to produce a soothing influence upon even the insane hearer. Instances of misconduct are said to be very rare, and when they do occur, they seem to produce much less effect upon the other persons present than they would do upon persons not accustomed, as the inmates of a Lunatic Asylum are, to scenes of noise and confusion and to the occurrence of epileptic fits, or maniacal paroxysms, from day to day.

"In the opinion above expressed as to the tranquilizing effect of religious exercises the medical officers and Superintendents of Asylums, with whom we have conversed, are, almost without exception, agreed; they differ however somewhat, in their views with respect to any permanent or lasting benefit being produced thereby upon the minds of the patients. The experience and observation of many Superintendents have led them to the conclusion that the temporary effect ceases with its cause, and that after the conclusion of the service little or no trace is left of its soothing influence. They all concur in saying that religious instruction injudiciously imparted, and controversial discourses, are positively injurious."

In the United States there appears to be a general impression that religious services in Lunatic Asylums tend to promote the comfort and welfare of patients. Hence most if not all have such services on Sunday.

We are of the opinion that every Asylum should make provision for religious worship: and that where there are

one hundred patients to assemble, a Chapel should be erected or a large and convenient room should be set apart exclusively for this purpose. It should be fitted up with a pulpit, a convenient place for the singers, and comfortable and well arranged seats for all, and be made to resemble a place for religious worship, that devotional feelings may be induced and encouraged.

The selection of a Chaplain to a Lunatic Asylum requires caution. Many clergymen of good abilities, who may be acceptable to other congregations, are unfitted to discharge in the best manner the duties of a religious Teacher to an assembly of persons made up of those whose minds and bodies are disordered, enfeebled, and excitable. Some are too austere, denunciatory, and prone to dwell on the "terrors of the law," rarely preaching in a way calculated to console and encourage those who hear them. Affected or eccentric manners—a very loud voice—a boisterous way of preaching—with violent gesticulations, are objectionable in a Chaplain to such an Institution.

Cowper, (himself for a long time insane,) has described a preacher suitable for such a station.

—————"Simple, grave, sincere ;
In doctrine uncorrupt ; in language plain,
And plain in manner ; decent, solemn, chaste,
And natural in gesture ; much impress'd
Himself, as conscious of his awful charge,
And anxious mainly that the flock he feeds
May feel it too ; affectionate in look,
And tender in address, as well becomes
A messenger of grace to guilty men."

In addition to good sense and great discretion, his mind should be enlarged and liberalized by travel and a knowledge of men and books.

He should be a man of true and uniform piety, of enlarged and genuine benevolence—not that benevolence which is awakened into activity chiefly by the sufferings of those whose views and conduct he deems good ; but which leads its possessor to look upon all, the ignorant, the ungrateful, the wicked and criminal, with feelings of pity and kindness;

the natural tendency of whose mind and conduct is habitually to exhibit that scriptural charity for others which "hopeth all things, thinketh no evil, and suffereth long, and is kind."

Endowed with such feelings and principles, he would be disposed to preach in an encouraging and consoling manner, and this we believe the best kind of preaching in Lunatic Asylums.

But let it not be supposed that a peculiar kind of preaching is required in such institutions. With few exceptions, there should be no departure from that kind of sermonizing that is usual elsewhere, and would be suitable to any well informed congregation composed of persons belonging to different religious denominations. Neither should the other exercises, the singing or the prayers be different. The audience should not be addressed as sick or irrational, or as a peculiar one in any respect. Everything sectarian should of course be avoided. Neither is it well to dwell largely upon obscure and controverted doctrines, or attempt to give minute and vivid descriptions of heaven or hell. Particular allusion to the Devil and his influence over men, we have noticed, has always a bad effect upon some, as many insane are disposed to believe themselves more or less in the power of the Devil.

"The doctrines I have deemed it most prudent to bring before the insane in my sermons," says the Chaplain of the Surrey Lunatic Asylum, "have been those of the most encouraging and consoling kind. I have generally set before them the great love of God, the willingness of the Lord Jesus Christ to save sinners, the necessity of resignation to the Divine will, the duty of prayer, the happy tendency of real religion to calm the mind and produce joy and peace in believing, and the prospect of heaven to all those who truly repent and turn to God."

Such doctrines, according to our experience, are the most useful to the insane. Many derive enjoyment, and we doubt not profit, from hearing them set forth, and to none do they prove injurious. But we have noticed that discourses of an

opposite character, on the exceeding heinousness of sin, the certainty of eternal damnation, and the stern requisites of Divine justice, have done good to none, but have increased the sufferings and added to the delusions of many who supposed themselves to be already suffering from the wrath of the Almighty.

As yet, we believe, at no Asylum in this country has the Chaplain participated in the moral direction and treatment of the patients to much extent, farther than by the religious services which we have mentioned. But we hope the time will come when this officer will—though we should consider it absolutely requisite before he engaged, that he should, as Jacobi directs, “make himself familiar with those writings which unfold all that experience has taught and is still teaching of the various morbid states of the mind.” He should have a good knowledge of Anatomy and Physiology, and of those writings that teach the dependence of mental phenomena upon the organization, and understand how often the former are deranged and the whole moral character changed by slight disorder of the latter.

Without this kind of knowledge, a Chaplain in his attempts to benefit the insane, by conversing with them, would be likely to do them harm rather than good. His very excellencies in other respects, his great benevolence, his earnest desire to console the desponding and despairing, and to reform the vicious—his hatred of everything sinful, and his habit of attributing all misconduct to depravity, would be likely to lead him to adopt, with the best intentions, a course with the insane, that would be injurious to them; for much experience shows that reasoning with the insane on their delusions by fixing their attention on them, proves prejudicial to their recovery.

In conclusion, we repeat, that we hope to see Chaplains thus qualified, attached to every large Asylum for the Insane. We believe they would be eminently useful.

ARTICLE III.

LUNATIC ASYLUMS IN ENGLAND.

[Our readers will recollect, that in the October number of the *Journal of Insanity*, we stated that additional provisions for the Insane in England, had been demanded in Parliament, and that the government then promised to bring forward at a future session a measure for that purpose. On the 6th of June last, that enlightened and persevering philanthropist Lord Ashley, to whom the poor of England are greatly indebted for his able advocacy of their interests, submitted to the House of Commons two bills for the better care of the Insane. On presenting them for consideration, he made the following able speech—a speech replete with valuable information, and which will well repay perusal.

We are pleased to be able to add that the bills thus introduced, after considerable discussion in the House of Commons passed that House the 23d, and the House of Lords the 31st of July.]—*Editor Journal of Insanity.*

Lord Ashley, in rising to bring forward the two bills of which he had given notice, said,—My motion requires some preliminary explanation. By the two bills I intend to effect the repeal of many existing acts respecting the treatment of lunatics, and substitute such other enactments in their place as time and circumstances have rendered necessary. Before entering into the general principle of my motion, I wish to observe that my proposition will apply only to England and Wales. I wish that circumstances enabled me to extend the bills to Ireland and Scotland; for I believe that not in any country in Europe, nor in any part of America, was there any place in which pauper lunatics were in such a suffering and degraded state as those in Her Majesty's kingdom of Scotland. (Hear, hear.) I assume, in the first place, that the House, or at least a considerable portion of those honorable members who may favor me with their attention, have read the report made in the last session of Parliament; and I will also assume that it is unnecessary for me to repeat the statement which I made in the course of last year on the subject which I now seek to bring under

your notice. It is necessary, however, I should begin by reminding you that the law affecting pauper lunatics naturally divides itself into four parts, and that that law, as it now stands, is embodied in nine several statutes. I hope that the House will allow me shortly to advert to the state of the law previous to the 14th of George III. Antecedently to that act there was no punishment for the neglect of pauper lunatics. There were no proper regulations respecting the diet, clothing, custody, or treatment of pauper lunatics; and there was no obligation on the visiting justices to inspect the Asylums above once a year. In addition to this disgraceful state of things, the practice was to admit pauper lunatics without medical certificates; and I am bound, likewise, to state this astounding fact, that medical men visited those establishments only twice a year. In some respects these evils had been remedied, and useful rules had been introduced; but no man who possesses the use of his understanding can doubt that abuses have continued, and, of necessity, must continue, until Parliament makes up its mind to discharge the important and urgent duty of placing the pauper lunatic asylums of the country upon a humane and rational footing. The nine several statutes to which I have already referred may be divided into four classes; first, those which are relative to county asylums; second, those relating to licensed asylums, public asylums, and the visitation of those respectively; third, relative to persons found lunatic by inquisition, the appointment of visitors, and of a "commissioner in lunacy," to perform duties formerly discharged by Masters in Chancery; fourth, relative to criminal lunatics.

Now, I do not intend to touch more than the first two of these classes. I mean to amend the several acts contained under class 1, as well as to amend and combine the three which are contained under class 2. The three bills contained under class 2 are as follows: 2d and 3d of William IV., c. 107; 3d and 4th of William IV., c. 64; and 5th and 6th of Victoria, c. 87. These various statutes I propose to

consolidate into one, entitled "A Bill for the Regulation of the Care and Treatment of Lunatics in England and Wales." But before I proceed further with this part of the subject, I may be permitted for a moment to recur to the state of the law antecedent to the 14th of George III. In these days there was no power of punishing any offence—there was not even the power of revoking or refusing any license. There was also extreme laxity in the signature of certificates, one only being deemed sufficient; and that might be, nay, it often was, signed by a person not duly qualified, or by the proprietor of the madhouse in his medical capacity; and to the care of this person the alleged lunatic was consigned. Houses licensed under this act were not required to be visited more than once a year. There was no power to discharge any patient who might prove to be of sound mind. Licenses could be granted only on one day in the year. Pauper lunatics were sent without medical certificates, and there was no return of pauper patients made to the board; and no plans were required of houses previously to the granting of licenses. There were no returns of the cases of lunatics kept singly in houses for gain. There were no visits of medical persons to the patients required.

One of the bills which I intend to submit to the consideration of the House will establish a permanent commission, and thereby secure the entire services of competent persons. It will give the power of far more detailed and frequent visitation, and fix the limits of expense, now regularly increasing. It will place "hospitals" or subscription asylums under proper regulations, by requiring them to have the same orders and certificates as are necessary in licensed houses, and by subjecting them to the same visitations as county asylums. My bill will also provide an additional security against the improper detention of pauper patients by requiring that the person signing the order for their confinement shall personally examine them beforehand, and that the medical officer who certifies as to their insanity shall

see them within seven days previously to their confinement. I may add that neither of these safeguards exists at present. I propose also that my measure should compel every person receiving a patient to state his condition, mental as well as bodily, when first admitted, and the cause of his death when he dies. It will also direct that every inquiry and act of violence happening to a patient shall be recorded, and requires a case-book to be kept, thereby affording additional securities against mismanagement, and showing how far the patients have the benefit of medical treatment. It will also authorize the visitors to enforce a proper supply of food (in licensed houses) to pauper patients, who are at present fed at the discretion of the proprietor. Further, it will enable the visitor to order the admission of a patient's friends; at present, they are admitted or excluded at the caprice of the person who signs the order for the patient's confinement. It likewise will enable the visitors to sanction the temporary removal of a patient in ill health to the sea-side, or elsewhere. It moreover will enforce an immediate private return of all single patients received for profit, and authorizes the members of a small private committee, named by the Lord Chancellor, to visit them, if necessary. These returns are almost universally evaded at present, the law rendering it unnecessary to make any return, unless the patient has been confined for 12 months. The bill will give the Chancellor power to protect the property of lunatics against whom a commission has not issued, by a summary and inexpensive process, and it subjects all workhouses in which any lunatic is kept to regular visitation.

The second bill which I intend to lay before the House is called for by the facts which I produced in my statement of last year; and, presuming that the House will accept this bill, I think it may not be thought necessary for me to go over the evidence that was laid before the House last year; nevertheless, I do feel it necessary to call the attention of the House to the principal defects which are pointed out by our report as to pauper lunatics and county asylums.

First, that there are 40 counties in England, and only 16 county asylums; and 12 counties in Wales, and only one disgraceful borough asylum. Of the 24 counties in England having no asylums, one has 500, two upwards of 400, three upwards of 300, seven upwards of 200, and eleven nearly 100 lunatics each; and Wales has 1,000 lunatics. The second defect is, that of the 16 counties which have asylums, one has 800, one has 600, one has 500, one more than 300, three more than 200, and the rest more than 100 lunatics, for whom there is no accommodation in the asylums which have been erected, and no other receptacle. The third defect is, that all the existing asylums are full of incurables, or persons said to be incurable. The fourth defect is, that no system has been adopted in the county asylums to give preference to urgent cases, or those capable of cure. The fifth fault in the present state of the law is the detention of lunatics in workhouses, where there is no sufficient medical or moral treatment. At the union workhouse of Redruth there were 40, and of Leicester 30 lunatics; and at Birmingham not in the union 70 lunatics. The sixth is, there is no real visitation or true account of those lunatics who are not in asylums; for example, the lunatics of North and South Wales, and those in England not in asylums, being 9,339 with their friends or in workhouses.

I think I may now proceed to illustrate the necessity for these alterations by reference to one or two cases. I find, from the papers before me, that in Leicester "There were 30 insane persons, of whom three males and nine females were dangerous lunatics in the strict sense of the word, and most unfit inmates of the place, and where, as we were informed, they had been long detained in spite of the remonstrances of the visiting surgeon and some of the magistrates. In the parish workhouse at Birmingham there were 71 insane persons—subject to insanity in various forms, several of them being epileptics, liable after their paroxysms of epilepsy to fits of raving madness, during which they were usually excessively and furiously maniacal. The straw in

the paupers' beds was found filthy, and some of the bedding was in a disgusting condition from running sores, and was of the worst materials and insufficient; two cells in which three sick epileptic paupers slept were damp, unhealthy, and unfit for habitation; the beds of some of the private patients are in an equally bad state; nearly all the provisions of the law for the regulation of licensed asylums were violated. * * *

The magistrates of the borough, who are its visiting justices, had not visited the house for the space of a year *minus* eight days. * * * In 1843 it was again in a very bad state; the paupers were still occupying what had been the coach-house and stables; the rooms were low, comfortless, and ill-ventilated, and one of the apartments most offensive. At Derby the condition of the private patients was improved; but three of the paupers were so bad that another communication must be made by the board to the magistrates of the borough. During the last year no visiting justices were appointed."

I will now, by a very striking example, illustrate the deplorable condition in which some of the pauper lunatics have been placed. I will mention the case of Mary Jones, who was consigned to the care of her mother. The report made upon her case I will now, with the permission of the House, read:

"We went to the cottage between 8 and 9 o'clock in the evening, accompanied, at our request, by Dr. Lloyd Williams, who interpreted to us the answers given to questions put through him. In a dark and offensive room over a blacksmith's forge, upon opening a bolted door, we discovered the miserable object of our search. The only window was closed up by boards, between which little air could find admission, and only a feeble glimmering of light. In the middle of this loathsome chamber was Mary Jones, the lunatic, on a foul pallet of chaff or straw, and here she had been confined for a period of fifteen years and upwards. She was seated in a bent and crouching posture on her bed of nauseous and disgusting filth. Near to her person, and

just within her reach, was a cup, into which she was accustomed to pass her excretions, which she emptied from time to time into a chamber utensil. This last vessel contained a quantity of feculent matter, the accumulation of several days. By her side were the remnants of some food of which she had partaken. Within a few feet of the pallet, which was on the floor, stood a large earthen jar, nearly full of fetid urine, the produce of the three other persons in the cottage. It had, as stated by the mother, been placed there in order that it might, from the warmth of the room, undergo a more speedy decomposition for the purpose of being used in dying wool. The stagnant and suffocating atmosphere, and the nauseous effluvia which infected it, were almost intolerable. Long and close confinement had produced in Mary Jones' person the most frightful distortions. The chest bone protruded forwards five or six inches beyond its natural place, and there was an excoriation of the parts below. The legs were bent backwards, and the knee joints were fixed and immoveable. The ankles and feet were also greatly twisted and deformed. She was emaciated in the last degree; her pulse was feeble and quick, and her countenance, still pleasing, was piercingly anxious, and marked by an expression of despair. Her garments were loathsome, and from her person was emitted a most offensive odor. * * For about 10 years past she had been confined to the dismal chamber in which we found her, the window of which had been boarded during nearly the whole of that time.

"August 14, 1844.—After I wrote to you yesterday, I gave her (*i. e.*, Mary Jones) some money to buy calico, which I had the day before done to Grace Williams, and I was gratified to find that she took a needle and thread and commenced sewing very tidily."

We have the clearest evidence, that if this poor creature had been properly treated in the first instance, she would have been completely cured. On the authority of Dr. Williams, of Derby, I am enabled to say, that she must have

been at one time fully capable of cure, and that she still had sufficient intellect to enjoy existence, when she was placed in favorable circumstances.

It is time that I should now come to that part of my statement which has reference to the alterations that I intend to propose. One of the bills which I shall ask leave to introduce, will be an extension of the act of the 9th of George IV., c. 40, making at the same time the following changes: 1st, instead of permitting, I propose to require, every county and borough which has no asylum to provide one, either for itself or in union with some other county or borough. 2d, that every county which has an asylum, but insufficient accommodation, is to provide further accommodation. 3d, in erecting new asylums, and providing further accommodation where it is required, regard should be had to the proportion of curable and chronic lunatics; I purposely avoid the use of the terms "curable" and "incurable." Separate buildings I propose should be provided for the chronic at a less cost, and parts of the workhouses, with the consent of the poor law commissioners, may be adopted, in which case they are to be separated from the other part of the building and to be deemed county asylums. 4th, counties having asylums may unite with other counties not having one. 5th, to extend the act to boroughs having courts of separate quarter sessions, and to every place not contributing to county-rates. 6th, to assist magistrates in erecting asylums, and ascertaining the proportionate numbers of curable and chronic lunatics, and providing separate buildings for them, and for diminishing the expense of building asylums, the plans are to be submitted to the Commissioners in Lunacy, and the estimates to the Secretary of State; asylums for boroughs I think may be erected without the boundaries of the borough. 7th, the time for the repayment of money borrowed for building asylums I propose to extend from 11 to 30 years. 8th, general rules for the government of asylums should be submitted to the Secretary of State. 9th, copies of the accounts of asylums are

to be sent to the Secretary of State. We also propose that all recent cases of lunacy are to be sent immediately to an asylum, for it is clear that if such cases are met with instant attention, the number of cures will be, as I have already stated, in the proportion of from 70 to 90 per cent.; whereas if they are suffered, by neglect, to become permanent or dangerous cases, the amount curable is not anything per cent., or at the very outside, and under the most favorable results, only from 6 to 8 per cent. We next provide for the reception of all lunatics who are not chargeable, whether wandering or otherwise; they are to be apprehended, and those whose friends can not pay for them are to be admitted into the asylums as paupers. Our next provision is, that a quarterly inspection of all lunatics who are not in asylums is to take place by a medical man, who shall return lists of them, describing their condition, to the Commissioners in Lunacy. Amongst other provisions appertaining to this part of the bill is one by which every pauper lunatic shall, in the first place, be deemed to belong to the parish from which he is sent, until he shall be proved to belong to another; and, with reference to this proviso, a clause will be introduced in order to protect counties from this casual charge becoming permanent, in cases where adjudications shall be made respecting lunatic paupers: and, lastly, power is to be given to remove chronic lunatics to the asylums provided for such cases.

I now proceed to state what the facts are which have been observed with respect to the actual state of the pauper lunatics in the great county asylums already established. The first asylum to which I shall advert is that of Hanwell, in Middlesex. In that asylum there were, in the month of March, 1844, 984 patients, of whom 30 only were reported to be curable. There were waiting for admission into that asylum 429 pauper lunatics, all of whom were only recent cases of insanity, and who, in consequence of the delay in applying a curative treatment, were fast becoming incurable. Within the first three months of 1844 there were no less

than 40 lunatic patients to whom admission was refused into the Hanwell Asylum, making in the whole year 160 patients. Of these, supposing that 6 per cent. were curable, there would remain permanently thrown upon the county of Middlesex for support, no less than 150 lunatics. The second instance to which I shall refer is that of the Lunatic Asylum of the county of Lancaster, where there were confined in the year 1844 about 600 lunatics. Of these the greater proportion had been previously detained in the workhouses of their different parishes so long as to greatly diminish all probability of their cure. In the whole county there were then waiting for admission into the asylum about 500 lunatics, for whom no room whatever could be made. I next turn to the Surrey Lunatic Asylum, where I find there were on the 1st of January, 1844, no less than 352 patients, of whom 362 were reported as incurable, whilst there were waiting for admission, in private asylums and elsewhere in the county, 209 lunatics. I take these very magnificent establishments because they afford striking examples of the want of provision for the treatment of recent cases, and they likewise offer the most convincing proofs of the increase of incurable lunatics throughout the counties, in consequence of the want of recent treatment.

Let us now look to the treatment pursued in other asylums, and contrast the effect of recent attention with those where the cases have experienced neglect of longer or shorter date. I refer in this respect to the report of the Dorset County Lunatic Asylum, and I find that at the Epiphany Sessions for the year 1845 there had been discharged during the year 23 lunatics as cured, of whom 17 had been admitted in 1845. And what did the superintendent say with respect to this fact? He reports thus:—“ This is a larger number of recoveries than has taken place in any year since the opening of the institution, and may be attributed to a greater number than formerly being admitted in the incipient stage of the disorder.” Of 16 persons who had been admitted during the first three months of

their attack, no less than 13 were cured, making 81 per cent. Some of them had since proved to be cases of relapse, but of the whole of those cured the proportion was not less than 58 per cent., and in the cases themselves the disorder had existed for more than three and less than twelve months. In St. Luke's Hospital the cures during 1843 amounted to 63 $\frac{1}{4}$ per cent., and in 1842 to 70 $\frac{1}{4}$ per cent., the cases in many instances having been of several months standing.

In a paper recently read before the Medical Society, communicated by Dr. Forbes Winslow, a gentleman who has paid much attention to this class of disorders, and who is justly entitled to be heard, it was stated that a large proportion of the many thousand incurable lunatics in England and Wales had been reduced to this melancholy state by the neglect to which they had been subjected in the incipient state of the malady. In fact, that nine out of ten cases recovered if subjected to treatment within the first three months of the attack; whilst from the reports of the State Lunatic Asylum of New York for the year 1844, sent to me by Dr. Brigham, I find it stated, that "Few things relating to the management and treatment of the insane are so well established as the necessity of their early treatment. * * *

By examining the records of well conducted asylums, it appears that more than 8 out of 10 of the recent cases recover, while not more than 1 in 6 of the old cases are cured;" and I find the same facts reported by the physicians of the Hartford Lunatic Asylum, in the United States. One impediment, however, exists in this respect—I mean with respect to the speedy application of the curative treatment in cases of pauper lunacy—inasmuch as no magistrate has it in his power to authorize the transmission of a pauper lunatic to a private asylum for treatment in case the county asylums should be too full to receive them.

I now approach the financial part of our project; and, although I admit that this is a most dry and uninviting topic (hear, hear.) I still am under the necessity of entering upon some details respecting this branch of the subject, as it is

of the most essential, if not vital importance. (Hear, hear.) The main impediments in the way of constructing county asylums has been, and at present is, the fear of the enormous expense supposed to be necessarily attendant upon such undertakings. Now, the county asylum at Hanwell has cost in all the sum of £196,000. On the original cost the rate per head for 1,000 patients was £169, and on 800 patients £245. The Surrey asylum cost £85,000, or £237 per head for each patient; but this is far too large an estimate to be taken as an average of the cost per head. It is the opinion of the commissioners that £80 per head would be an ample allowance for the construction of lunatic asylums, provided the enlightened curative system in the treatment of patients recommended by the best authorities be adopted and acted upon. Of this we shall be able to furnish ample proofs in the committee on the bill. The great error, as it has appeared to us, in the construction of lunatic asylums, is, that they are all built upon the presumption that every one of the patients requires the same minute care and the same precautions in guarding him, as those esteemed to be curable cases. This view of the question greatly enhances the expenses.

But we look at the matter in a totally different way. We make a distinction between the different classes of lunatics; we provide a distinction between chronic cases and curable cases. For chronic cases of lunacy we provide good diet, warmth, clothing, air and exercise, and, in addition, occupation, which we recommend to be of the healthiest description—I mean occupation in the open air, such as gardening. But the chronic patients do not require the same careful supervision which the recent cases would constantly call for, nor do they require the same medical attention as the patients who are under curative treatment demand, and, therefore, the care and attention shown to them is not by any means so costly as that of the patients who are undergoing the whole curative process, and towards whom every minute precaution and care is constantly observed. Let us

take therefore the proportions of these respective classes of patients, and adapt them to the estimates for building new asylums. Suppose we take 12,500 pauper lunatics to be the number requiring accommodation. From this number deduct 10 per cent. for the harmless lunatics, who may safely be left at home under their relations' care. Of the remainder 40 per cent. are considered to be curable, and 60 per cent. are chronic or incurable cases. Apply this to an asylum having 300 lunatic inmates; deduct 10 per cent., there will be 270 left; of these 40 per cent., or 108, are curable, and to be admitted into the "recent case" hospital; the remainder, 60 per cent., or 162, are patients for the chronic department of the asylum. The gross expense of such an asylum would be as follows:—Taking the recent cases at £80 per head, they would amount to £8,640; and taking the chronic cases at £50 per head, they would be £8,100; making in the whole £16,740 for these two classes; but, as all cases of epilepsy and of violence must be under especial care in the recent case hospital, I will add one-sixth of the whole expense, or £3,290, to the sum already mentioned as the cost of this extra care, by which the sum total for 300 patients in an asylum will be £20,030.

We propose to extend the term of repayment out of the county rates of the cost of these asylums from 14 to 30 years; and if we compare the present average annual burden on the county-rates with that which our plan will impose, we shall find it stand thus:—The annual burden on the county-rates in the case I have referred to would be £666; the average expense of keep in 11 county asylums has been £170 per head. Thus, under the old plan an asylum for 300 lunatics cost £51,000; under the new plan, as I have just shown, £20,030. Take the gross expense of providing for 12,500 lunatics, at £170 per head. it would be £2,125,000 throughout England and Wales; whilst under our plan it would be £813,750, being a difference of £1,311,250, leaving for the 36 counties in England and Wales unprovided with asylums an average of £22,604

(and in many counties much less,) repayable in 30 years. Now, if we look to the number of chronic cases, and to the state of their treatment, we can not wonder at the enormous expense attendant on them. The average duration of a lunatic's life is estimated at 10 years; but this is a very low average. The annual cost has been shown to be £20 per head, and taking 60 per cent. of 5,600 or 3,360 lunatics at £20 per head, would cost £67,200 for one year. If allowed to become incurable, their cost in 10 years would be £672,000. In the same ratio, if you take the number of lunatics in workhouses at 4,500, being 60 per cent. upon 8,000, their cost in one year at £20 per head would be £90,000, and in 10 years it would amount to £900,000. Now, with respect to the duration of life in an insane person, I am strongly persuaded that the average of 10 years is far too low a basis to calculate upon. Dr. Hitch, of Manchester, says that insanity by no means shortens life, and he gives tables to show this.

I may here call attention to another feature in the economy of the plan which we propose, namely, that under the present system at Hanwell, which may be taken as the case of every other asylum, there are only 6 per cent. cured, instead of 60, whilst there are 160 applications refused every year. Thus there are 94 incurable lunatics thrown annually upon the county. Had these been treated within the first six months, they would have cost, at the rate of 16*l.* 11*s.* 6³/₄*d.* each, the sum of 1,591*l.* 10*s.*, whereas if they became incurable, and lived for 10 years, they would cost £31,830. The county of Middlesex alone would, by the plan which we recommend, save upwards of £30,000 a year in this respect alone. And as the saving will go on in the same proportion during the whole of the 10 years that the lives of pauper lunatics are estimated to endure, the saving will, in the end, be more than sufficient to cover the whole expense of the asylums erected for the reception of recent cases.

But this is not all the good that will result from our plan. By recovering the patient, not only will the expense of his

maintenance for life in a lunatic asylum be avoided, but he will be restored to his occupation, and his family, instead of being thrown upon the parish for support, will again look to him for their means of existence. The system which we propose to substitute for the present one will effect a cure in 70 cases out of every 100. The cure must, however, be so conducted as to render it as complete as possible. With respect to this part of the subject, I may refer to Dr. Conolly and to Dr. Julius, of Berlin; the last-mentioned person thus writes upon the topic in a letter which has reached me:—“Every public or private institution has certain limits in which it must be restricted.” He insists particularly “on schools, hospitals, and, more than all, penitentiaries and lunatic asylums, where the individualizing treatment of every case will contribute most, and more than anything, to its success.” However, the present bill is to affirm that pauper lunatics must be provided for and maintained. With respect to paupers, it must be manifestly clear that they are entitled to every attention which money and kindness can procure; and I would ask, how is it possible that in those private asylums, for the sum of 8s. a week, the whole curative system can be carried through, and proper attention be bestowed upon the patients, so as to afford the proprietors anything like a remuneration? (Hear, hear.)

It seems unnecessary that I should weary the house further upon this part of the subject; still less do I think it necessary to enforce upon an assembly of educated, humane, and liberal-minded men, the necessity for making provision for those unhappy and destitute beings who by a wise, though inscrutable dispensation of Providence, have been made subject to this awful calamity, and whose suffering and helpless condition demands that they should receive an unusual share of sympathy from every one of us. (Cheers.) But it is remarkable how slow and tedious has been the process whereby we have arrived at this rational and kind mode of treatment, which now appears to be recommended to all of us, not only by the dictates of humanity, but also by

common sense. I do not think that until the period of the Reformation there is a single instance of a lunatic asylum being established. Persons of station and wealth were confined in their own houses, and whips, chains, and darkness and solitude, were the approved remedies. That practice has indeed descended to our own times, and Dr. Conolly states, that he has formerly witnessed "humane English physicians daily contemplating helpless insane patients bound hand and foot, and neck and waist, in illness, in pain, and in the agonies of death, without one single touch of compunction, or the slightest approach to a feeling of acting either cruelly or unwisely. They thought it impossible to manage insane people any other way." It belonged to the French nation—to the genius of French professors—first to make this mighty advance in the cause of humanity. It was reserved for M. Pinel, the great physician, to achieve this great work. The account given of it before the Academy of Sciences by Scipio Pinel is so graphic, that, with the permission of the House, I will read it. (Hear, hear.)

"Pinel undertook what appeared to be the rash enterprise of liberating the dangerous lunatics of Bicetre. * * * He made application to the Commune for permission. * * * Couthon offered to accompany him to the great Bedlam of France. They were received by a confused noise—the yells and angry vociferations of 300 maniacs, mixing their sounds with the echo of clanking chains and fetters through the dark and dreary vaults of the prison. Couthon turned away with horror, but permitted the physician to incur the risk of his undertaking. He resolved to try his experiment by liberating 50 madmen, and began by unchaining 12. The first was an English officer, who had been bound in his dungeon 40 years, and whose history everybody had forgotten. His keepers approached him with dread; he had killed one of their comrades by a blow with his manacles. Pinel entered his cell unattended, and told him that he should be at liberty to walk at large on the condition of his promising to put on the camisole, or strait-

waistcoat. The maniac disbelieved him, but obeyed his directions mechanically. The chains of the miserable prisoner were removed; the door of his cell was left open. Many times he was seen to raise himself and fall backwards—his limbs gave way; they had been fettered during 40 years. At length he was able to stand, and to stalk to the door of his dark cell, and gaze with exclamations of wonder and delight on the beautiful sky. He spent the day in walking to and fro, was no more confined, and, during the remaining two years which he spent at Bicetre, assisted in the management of the house. The next madman liberated was a soldier of the French Guard, who had been in chains ten years, and was the object of general terror. * *

His disorder had been kept up by cruelty and bad treatment. When liberated, he assisted Pinel in breaking the chains of his fellow-prisoners; he became immediately kind and attentive, and was ever after the devoted friend of his deliverer. In a few days Pinel liberated 53 madmen. The result was beyond all hope. Tranquility and harmony succeeded to tumult and disorder; even the most furious maniacs became tractable." (Hear, hear.)

That was, indeed, a great work. Would to God that such were the character, the motive, and the end, of all our rivalries with that great nation! Well would it be for mankind if, by mutual harmony, we kept the world at peace, whilst we prosecuted and enforced our mutual discoveries. (Cheers.) The system passed from the French nation to this country, but it was of slow growth, and I believe that we are mainly indebted for it to the Society of Friends and to the family of the Tukes. (Cheers.) Samuel, the son of William Tuke, is still alive, and he must be gratified to see that this system has obtained not only the approval, but the imitation of all the best and wisest men in this country, and I believe I may add, in America also. (Hear, hear.) There is the greatest enmity in almost all the subordinate officers of lunatic asylums to depart from the system of coercion; and perhaps it is natural, for it gratifies all their feelings of pride,

temper, and interest. The disclosures which have already been made with regard to private lunatic asylums prove that if the system of supervision were abated, things would soon relapse into their former state ; and of the necessity of no one point is Mr. Tuke more convinced than of this. He says it will prevent a great deal of legislation, and will be the best means of putting an end to the abominations which those disclosures revealed. (Hear.) It is, then, our duty and interest to deliberate well upon this subject. Here we are, sitting in deliberation—a set of reasoning men ; to-morrow we may be helpless as those poor creatures whose case we are considering—a fever, a sudden reverse, the loss of a dear friend, the loss of fortune—any one of these may in an instant reduce us to their level, our mind may become a wreck, and we may remain a sad, but salutary lesson of the frail tenure by which we hold all that is most dear to us. (Hear, Hear.)

But it is, and I am thankful that it is so, the temper and character of our times to look to these things as incentives to more active exertions. In that spirit, therefore, I entreat the co-operation of the House to assist me in effecting this great object ; and be assured that such labors will not be without their reward ; for either you will behold the blessings of health and happiness visiting one of the emancipated sufferers, or you will enjoy the high pleasure and gratification, (and none can be higher,) of having toiled with disinterestedness and zeal for those who never will be able to make you the least compensation. Thanking the House for the attention which it has devoted to me, I conclude by moving for leave to bring in the bills of which I have given notice. (The noble lord resumed his seat amidst general applause.)

Sir J. Graham said,—Sir, I rise with sincere satisfaction to second the motion of my noble friend. (Cheers) The House will remember—it would be impossible in justice to forget—the speech which my noble friend made on this subject towards the close of last session. That speech made

on me, and on every one who heard it, the greatest possible impression, and I gave to the House and to my noble friend an assurance then, on the part of the Government, that it was impossible any longer to neglect a subject so important, so touching, so connected with feelings, some of the most painful, but at the same time the most humane of our common nature. (Cheers.) I declared then, to the House, that the attention of the Government should be directed to the subject. I wish I could have commanded more time to have bestowed on it; but I have had the satisfaction of receiving in the most cordial manner the assistance of my noble friend, and in common with him I have during the interval of the recess, directed my consideration carefully to this matter, and the fruits of that consideration are now before the House. (Hear, hear.) With reference to Ireland, I may state that my right honorable friend, the Secretary for Ireland, has introduced a bill on this very subject, extending to that portion of the empire; and with regard to Scotland, though I do not say that the proposals contained in the bill of my right honorable friend, the Lord Advocate, meet the whole of my noble friend's views, still it is intended to meet a very important part, viz: the treatment of pauper lunatics in Scotland.

Having thus glanced at those measures, I shall say no more, except with reference to this bill. I have the satisfaction of stating to the house that the measures which my noble friend seeks to introduce have been carefully considered by Her Majesty's Government; that they have come under the view of the Lord Chancellor, within whose jurisdiction such matters more especially come: and that I believe all the measures which my noble friend wishes to introduce are introduced with the Lord Chancellor's entire approbation. (Hear, hear.) That portion of the measure which is connected with the care of pauper lunatics has also been carefully considered by Her Majesty's Government, and the provisions sought to be introduced with reference to pauper lunatics meet with their entire concurrence. With reference to

the subject generally, I also, in common with my colleagues, considered that it deserved our support; and though some of the details may perhaps require some alteration, yet, generally speaking, we determined to give the bill, as a Government, our most cordial support. (Hear, hear.)

Now, Sir, I must say that we are deeply indebted to my noble friend for the assistance which he gave me in this matter. I have said with truth, that I could not devote as much time as was necessary to this important inquiry; but even if I could, there are many qualities which my noble friend possesses which I could not have brought into action. His great experience, his indefatigable zeal, and above all, his humane heart, have induced him to pursue this subject (from which many men would be disposed to turn aside) with a degree of assiduity and kindness which are above all praise, and which entitle his opinions to be regarded as an authority upon the subject. (Hear, hear.) I have therefore been very happy to act in concert with him. It would be impertinent in me, after the very able and impressive speech which my noble friend has made, to waste your time by going into the details of the bill, which will be more advantageously considered in the course of its progress through the house; but, at the same time, I may mention one or two important matters in which I particularly agree with him. (Hear, hear.) The first to which I allude attaches the greatest importance to a constant supervision of all these asylums. With that I wholly concur, and I am of opinion that a constant supervision cannot be secured by unpaid commissioners. I concur also in the necessity of some supervision, and even of visitation of private establishments, though they should contain very few or only one patient. On that subject last year I entertained some doubts; but the result of the inquiries which I have since made has led me to the conclusion that on the whole, restricted as such visitation will be, it would be useful and efficacious. I also agree with my noble friend in the necessity for the erection of establishments for patients whose cases have assumed a chronic form, as distinguished from those

whose maladies are of a more recent date. It is impossible to resist, I think, the evidence which he has brought forward with regard to the melancholy manner in which the institutions of the country are at present choked by incurable cases, to the almost utter exclusion of curable cases. (Hear, hear.) I must also express my opinion, that even should the calculations of my noble friend with reference to the saving of expense not be sustained in every particular, yet that it is a paramount duty that ample provision should be made to obtain the cure if possible—and where not possible, to secure the safe custody and comfort of those unhappy persons under circumstances of as little restraint as their melancholy condition will allow; and I may add, that I know of no object to which the wealthy could more praiseworthily contribute in their desire to relieve the condition of suffering humanity. (Hear, hear.)

My noble friend has observed, that the improvement in the treatment of the disease has been slow. I am bound to say, that though slow, it has been progressive, and I see with great satisfaction in the House, to-night, my right honorable friend the member for the county of Montgomery, (Mr. Wynn,) who at an early period of his life devoted much of his valuable time to this important subject. (Hear, hear.) I hope and believe that the proceedings this day will be most satisfactory to his feelings. I always admired the course which he pursued with regard to this subject, and I am glad to see that the day has come when his wishes may be gratified. (Hear, hear.) The time, I think, has arrived when what was permissive shall be compulsory—when the counties throughout England and Wales shall be compelled by law to find sufficient means and accommodation for the cure and custody of those unhappy persons to whom my noble friend's measures refer. (Hear, hear.) I might detain the House longer, but I think it will suffice that I say no more now, than that I have the greatest pleasure in seconding the motion of my noble friend. (Cheers.)

ARTICLE IV.

LUNATIC ASYLUMS IN THE UNITED STATES.

(Continued from page 68.)

NEW YORK.

1. *Bloomington Asylum.*—For particulars of this well conducted establishment, see the first article in the preceding number of the Journal.

2. *New York City Lunatic Asylum, Blackwell's Island.*—This is but a part of the City Alms-House, and is governed by the City Authorities. Drs. Hasbrouck and Stewart have the medical charge of the establishment. The former is Physician in Chief to the Alms-House, and appoints or nominates his assistants. Dr. Stewart has been thus appointed Resident Physician at the Lunatic Asylum. The medical officers to these establishments are changed very often—usually whenever the politics of the city changes. This is deeply to be regretted, and we hope the practice will not long be continued. We hope to see an ordinance passed to appoint a Superintendent to the Asylum, who shall be a skilful physician and subject to removal or re-election no oftener than once in ten years, except by infidelity to the trust reposed in him, or for incompetency.

At present, prisoners from the penitentiary are employed to attend upon the patients. This we believe to be very wrong. We suppose prisoners are employed to save expense, but we are confident that this is mistaken policy—and that it will be ultimately cheaper for the city to make the Asylum a good curative Institution—which it never can be, so long as the Physician is annually changed, and prisoners are employed as attendants upon the patients.

3. *New York State Lunatic Asylum, Utica.*—For a brief notice of this establishment the reader is referred to the first article in the first volume of the Journal of Insanity. Present number of patients, 270. Additional buildings are now erecting, and when completed, the Institution will be able to accommodate 600 patients.

4. *Hudson Private Lunatic Asylum.*—It was established in 1830, by the late Dr. Samuel White. From the time it was opened, July 1st, 1830, to July 1st, 1845, a period of 15 years, 615 patients were received, of which number 307 were cured, and 46 died. During the last year, the admissions were 17; discharges 15; recoveries 11. Present number, 21.

This Institution is now well known to the public, and, as will be seen above, has been extensively useful.

Since the death of its distinguished founder, it has been conducted by his son, Dr. G. H. White, and from late notices in the public papers, we are pleased to learn that it is in successful operation, and continues to merit the confidence and patronage of the public.

5. *Dr. Macdonald's Private Lunatic Asylum, Sanford Hall, Flushing, L. I.*—In the summer of 1841, Dr. Macdonald established a Private Lunatic Asylum at Murray Hill, in the suburbs of the city of New York. Here it was eminently successful, but wishing to put the establishment on a more liberal and permanent basis, the proprietor has recently purchased the buildings erected for the private residence of the late Chancellor Sanford, at Flushing, and to which he has removed the patients under his charge.

From the opening of the Institution, in June, 1841, to April, 1845, the whole number of admissions has been 106; of this number, 58 recovered and 7 died. Present number, 20.

The location of this Institution at Flushing is a very desirable one. The buildings are extensive and elegant, and were so constructed as to form as complete a residence for

a gentleman's family as could be desired, and admirably arranged for the purposes to which they are now devoted. Dr. Macdonald has had large experience in the treatment of the Insane, having been for a number of years Physician to the Bloomingdale Asylum, and is well qualified to conduct such an Institution successfully. We hope in a future number to present our readers with a more minute account of this Institution from the pen of its accomplished proprietor.

NEW JERSEY.

There is no Asylum for the Insane in this State, but one is about to be erected at the expense of the State, at Ewing, near Trenton, as was stated in the last number of this Journal.

PENNSYLVANIA.

1. *Pennsylvania Hospital for the Insane*.—For particulars of this excellent Institution, see the first article in the present number of the Journal.

2. *Asylum for the Relief of Persons deprived of the use of their Reason*—or the Friends' Asylum for the Insane, near Philadelphia.—This Institution was opened for the reception of patients in 1817. It was established by members of the Society of Friends, at a cost of forty-six thousand dollars, and has accommodations, we believe, for about 70 patients. Attached to it are 62 acres of land. It was originally designed for the accommodation of members and professors of the Society of Friends, but from the year 1834 others than members were admitted, until the present year, when the Contributors resolved to limit admissions to those connected with the Society of Friends, and to those unconnected with them who have ever been in the Institution as patients.

It is, we believe, a well conducted and useful institution, though it is managed somewhat different from most other Lunatic Asylums in the country. The officers are a Superintendent and wife, a Resident Physician, and a Visiting

Physician. The latter is considered the superior medical officer, but visits the Asylum only twice a week.

This arrangement is said to be satisfactory there, but we think the superior medical officer should reside at the Asylum, and, under the direction of the Managers, be the responsible head and Superintendent.

The Report for 1844-5, by Drs. Evans and Worthington, is an interesting one, and the following extract from it we commend to the attentive consideration of our readers.

“But there is one evil prevailing in the community, and more especially in the large cities, which from the influence it exerts upon both the mental and physical system, there is reason to fear may prove a fruitful source of insanity: that is, the fashionable mode of education, which may be not inappropriately styled the hot-bed system. Soon after a child is able to talk and walk, ere the bones of the cranium are fully consolidated, and long before the brain has acquired its mature consistence, he or she is placed at the “*infant school*,” and the application of stimulants commences to induce an activity in the functions of the brain, which is altogether unnatural and unhealthy. To judge from the every day course pursued in these seminaries towards their little inmates, we might suppose their instructors had adopted the opinion, that the faculties of the mind could be called into constant and wearisome exercise, altogether independent of the body; and that however greatly excited it might become, there was no danger of injurious reaction upon the delicate and imperfect machinery with which it manifests itself. Thus we see the strongest passions which influence the heart, fear and the hope of reward, continually appealed to, in order to induce the child to task its undeveloped powers; and so thoughtless or ignorant are the greater part of parents and guardians, that those schools are in the highest repute, which are supposed to unfold the infant mind with the greatest rapidity. This is not the place to dilate upon the various means resorted to, with the intent of seducing little children

to give up, or repress their natural love of play and motion, that so they may with more willingness consent to pass six or eight hours of the day, breathing the confined air of a school room. Books, prints and games of various kinds are all pressed into the service, and the little student is expected to constitute it his chief amusement, to acquire a verbal knowledge of some of the facts connected with the different branches of Geography, Geometry, Natural History, &c. For those of more advanced years the system is unchanged, and scholars, both girls and boys, are urged to task their mental powers, throughout nearly the whole course of the day ; the time out of school being necessary for unrelaxed efforts in preparing for the wearisome and diversified recitation, which they are expected to perform without faltering when convened. While this eagerness is manifested to force the growth of intellectual fruit, and every new plan to convert children into prodigies of learning is entertained with approbation, the responsibility of conducting the moral culture so as to curb the evil propensities, and inure to self-restraint is far too feebly felt, while the proper developement of the physical system is neglected and apparently almost unthought of.

“During the season of youth, the brain is profusely supplied with blood, and highly susceptible of irritation, and therefore requires to be guarded with peculiar care, lest its delicate structure be injured or destroyed. But the natural tendency of the defective course of education here alluded to, is to undermine the general health, and in an especial manner, by undue mental excitement, to produce a morbid condition of the organism through which the mind acts. From hence can often be traced the train of nervous complaints which the Physician is called upon to relieve ; and although insanity is but rarely developed in childhood, yet from the same source, too frequently originate those cerebral lesions, which in the course of time overwhelm their victims with mania or melancholia. In the course of the thirteen years, during which the attending Physician has been con-

nected with the Asylum, several patients, both male and female, from fifteen to twenty years of age, have been admitted whose loss of the use of their reason was mainly attributable to the serious errors committed in their education. The evil is a serious and a growing one, and no proper opportunity should be omitted, for awakening the public mind to a just conception of the unhappy consequences which may result from it."

Besides those accommodated at the two institutions mentioned, a large number,—we believe from two to three hundred,—are kept in a wretched condition at the Philadelphia Alms-House. This the city should remedy, by building a separate, comfortable and curative establishment for the insane poor of the city, as Boston and New York have done.

Pennsylvania is as yet without a State Lunatic Asylum. For several years past, great efforts have been made by benevolent individuals to induce the Legislature to establish one, and during the last session, this body passed an act authorizing certain commissioners "to purchase a lot of land not less than 100 acres, within ten miles of Harrisburg, as a site for an Asylum to be built of brick or stone." The act also provides that "said commissioners shall so build, finish and furnish said Asylum, that the whole cost of said building and furniture, with suitable apparatus for heating the rooms, for cooking and for furnishing water for all the uses of an establishment to accommodate 250 patients, and the necessary attendants, *shall not exceed fifty thousand dollars.*" Said commissioners are to receive no compensation for their services other than their necessary expenses, and are to give bonds for the faithful performance of their duties.

This seems to us, either that those who passed this act knew but little what an asylum for 250 insane ought to cost, or else it is only intended to give the whole subject the *go by*, for a few years more. Most assuredly, an establishment for such a number can not be built for \$50,000, and we hope there will not be an attempt to do it, as the result ultimately will be unfavorable to the accomplishment of the

main object intended, viz: to provide a comfortable abode for the insane, where every chance for their recovery may be afforded them.

DELAWARE.

There is no Asylum for the Insane in this State.

MARYLAND.

1. *Maryland Hospital for the Insane.*—In 1797 Mr. Jeremiah Yellot of Baltimore gave seven acres of land to the State, on condition that the Legislature should establish a Lunatic and General Hospital. The next year the Legislature made a grant for this purpose, and with aid from the City of Baltimore and benevolent individuals this Hospital was built, and until within the last seven years it received both the Insane and those suffering from other diseases. But since that time it has been exclusively devoted to the Insane. It is pleasantly situated on a commanding hill about one mile from Baltimore. Ten acres of land are attached to it. It has accommodations for 120 patients. Total cost of building and grounds \$200,000. Since it has been devoted to the Insane, 553 patients have been admitted of which number 265 have been cured. Present number 87. It should however be borne in mind that this Lunatic Hospital, contrary to the practice of most others, receives cases of *Mania-a-Potu*, (a very curable disease) consequently the recoveries at such an Institution can not properly be compared with those of other Lunatic Hospitals. During the past year 13 cases of this disease were under treatment, and *all* recovered. We are of opinion that cases of *Mania-a-Potu* ought not to be received into Asylums for the Insane. Dr. William Fisher is the Resident Physician, and under the general supervision of the President and Visitors, has the superintendence of the establishment, and conducts it with much ability.

2. *Mount Hope Hospital, (late Mount St. Vincent's.) Baltimore.*—This Institution belongs entirely to those pious, self-sacrificing and benevolent females of the Roman Cath-

olic Faith, known as the "Sisters of Charity." They formerly had charge of the Insane in the Maryland Hospital, but in 1840, in consequence of some disagreement with the Board of Visitors, their connection with the Institution was dissolved.

They then purchased the St. Vincent Lunatic Hospital, into which patients were received until May, 1844, when the Sisters purchased the property known as the Mount Hope College, and to which they removed their patients. There are two departments in this Institution, one for the Insane, and one for those suffering under other diseases. Present number of patients in the Insane Department, 46. Number admitted during the year, 63—of which number 27 were cases of *Mania-a-Potu*, 22 were recent cases of Insanity, 13 of which recovered. Deaths during the year, 6—two were insane, and four died of *Mania-a-Potu*.

The Institution is now crowded, and additional buildings are erecting. The last Report says, "Patients have flocked to us from sections of the country as remote as New Orleans, Natchez, St. Louis, &c., as the column in the table, indicating their residence, will show. The cause, doubtless, of this gratifying preference of this Institution, is the high estimation in which are held the services and self-denying attentions of the Sisters; for this Institution is the only one of the kind in the United States in which the Sisters of Charity are untrammelled and unrestrained in the performance of their offices of self-sacrifice for the benefit of the often neglected lunatic."

We can not learn from the Report whether there is a Physician, resident at the Institution, or not. Wm. H. Stokes signs it as Physician. The treatment, as set forth in the Report, appears to be judicious.

We regret the necessity of abandoning the name of St. Vincent. We know not of one more appropriate for a Hospital—for at present we do not recollect any—not even that of Howard, which stands higher on the list of those who have devoted their lives to deeds of benevolence, than Vincent de Paul.

VIRGINIA.

Virginia has two State Institutions for the Insane,—one at Williamsburg, near James River, and another at Staunton, in the valley between the Blue Ridge and the Allegany Mountains. The former is denominated the Eastern, and the latter the Western Lunatic Asylum.

1. *Eastern, or Williamsburg Asylum.*—This is probably the oldest Asylum for the Insane in the United States. On the 10th day of November, 1769, an act passed the Colonial Government, making provision for the lunatics and idiots of the Colony. On the 10th of July, 1770, the Court of Directors, appointed by the Governor and Council, held their first meeting. Proposals were received during that year, for building a Hospital, and on the 14th day of September, 1773, the building was completed, at an expense of £1,070, and delivered to the Directors. The Hospital has always been supported by annual appropriations from the Treasury of the State. The appropriation asked for the present year is \$25,000.

It was not originally designed for the poor only, but such as had estates were and have ever since been admitted, and charged a moderate board, out of the nett profits of their respective estates, which is still paid into the State Treasury.

The buildings were not designed for an Infirmary, but for an Asylum for Lunatics and Idiots. The original Hospital consisted of but one building of brick, two stories high, about 160 feet front; a neat pediment in the centre, with apartments for the keeper, and the ends hipped roofs, containing twelve cells each side for patients. In late years two more brick buildings have been erected, 90 feet from each end of the centre building, running north in parallel lines and corresponding in dimensions and appearance to the centre or original building; and a wing 90 feet long, two stories high, has been erected, connecting the centre with the western collateral building, and resembling in appearance at present the Worcester Hospital, in Massachusetts. The

rooms are 11 by 12 feet. Within the last year it has been again enlarged, and its arrangements, especially for classification, much improved.

Dr. John M. Galt is the Superintendent. He is still quite a young man, but very zealously devoted to the study of Insanity, and to the improvement of the condition of the Insane.

In his last Report he thus refers to the necessity of increasing the comforts of the insane in order to effect their cure :—" I am more and more convinced, both by the experience of our own Asylum and also that of others, that the most desirable basis for the treatment of insane persons in institutions for their reception, is a high standard of comfort. In many instances patients received into an Asylum, are taken from close confinement at home, or from dark and disagreeable rooms in a jail ; being admitted from such situations, if the Asylum is comfortable and pleasant, the mere change in itself is soothing and restorative ; an action both physical and moral is exerted upon a disease which essentially effects both of these two elements of our nature. But if the apartments are unpleasant, if due attention is not given to comfort, the patient is apt to be discontented, the irritation natural to the disease is increased greatly ; and thus the incurable are rendered more difficult to manage, and the curable have their recovery obstructed or prevented. Motives of philanthropy would then dictate great attention to this point."

In conclusion he thus remarks, " During the past year and that preceding it, much has been done in this country and abroad, towards bettering the condition of the Insane. Improvements have been introduced in many of the American Asylums. A Journal especially devoted to the subject of Insanity has been established in France, and one of a similar character in this country. There is, too, an evidently increased interest on the subject, in society generally : individuals unconnected with the management of Asylums, have been actively engaged in many instances, either in aiding the

efforts of those having their charge, or in attempting to benefit the Insane in some especial manner. In several of the States of the Union not yet possessing Asylums, the Governors have recommended them in their annual messages. Many of our Asylums now in operation, have also been enlarged, thus increasing the amount of good which they are capable of affording to the Insane. There is much good, too, resulting to the same benevolent cause, from the mass of information and experience which is obtained by each Superintendent of our Hospitals, through the constant interchange of Reports. But there is now an additional mode in practice, for imparting mutually the experience of the different Institutions for the Insane. I refer to the convention of Medical Superintendents. I esteem it a great privilege to have been able to attend the first meeting in October last: doubtless it is the germ of great future good. Nor is the sympathy and community of feeling with regard to doing all that can be done for the benefit of the Insane, confined to the philanthropists and physicians of our own country. There is great attention directed also from the Asylums of one country to the transactions of those placed in others; there is a general sympathy and lively interest on the subject."

To the Report is appended a letter from the Chaplain, the Rev. J. S. R. Clarke, who has been connected with the Asylum for about one year. In this letter he gives his *reflections* and *speculations* respecting the religious instruction of the Insane, at considerable length.

Some of his propositions for the improvement of the Insane we think very questionable, and should apprehend far more injury than benefit from attempting to reduce them to practice. For instance, he inquires, "If the Insane can be made to comprehend religious instruction, why may they not become interested in their spiritual condition? And if they should become as deeply interested in their spiritual welfare, as we have known some of the entirely sane to do through the instrumentality of religious instruction, why may not this religious concern operate on the principle of

revulsion in effecting their cure?" Again he says, "In a small class of patients, now generally admitted to be small, whose derangement may be traced back to erroneous notions on the subject of religion, we discover another advantage arising from the employment of a Chaplain and religious services in a Lunatic Asylum. As in these instances, religion proper is not the cause of the derangement, but mistaken views of its Author and His requirements, some attempt at their correction is necessary to be made in order to effect their cure. The patient's mind should be probed, his religious views ascertained, his erroneous notions dissipated by the light of sound instruction. He should be made to feel that he has the sympathy of some one, in whose piety he has unshaken confidence; he should hear the encouraging voice of prayer addressed in his behalf to Him, in whose omnipotent hands is the disposal of all things, not even our mental health or disease excepted."

We regard the proposition of curing the Insane by the *revulsive operation of religious concern*, as improper and dangerous—and as to removing religious errors and delusions in the way he proposes, we are of opinion that no good will result from it, but positive harm, from thus directly assailing the delusions of the Insane. There is no more hope of removing religious delusions by the "light of sound instruction," than there is of removing any other delusions of the Insane by the same means. All experience shows that this course serves but to fix the delusions the more strongly by causing the mind to dwell constantly upon them.

2. *Western Lunatic Asylum, Staunton.*—This Asylum was opened for the reception of patients, in July, 1828. It was established by an act of the Legislature, appropriating for its construction \$10,000, but the buildings have since, from time to time, been enlarged by subsequent appropriations. The Institution has no fixed annuity for its support, but depends upon the Legislature for annual appropriations from the treasury of the Commonwealth for

this purpose. These appropriations vary in amount according to the wants of the Institution, as reported by the Court of Directors. For the present year \$23,000 are asked for.

The Institution was designed for the insane citizens of Virginia, without regard to their pecuniary circumstances. The poor have equal claims with the rich, upon its apartments. Those, however, who are able, are required to refund to the Commonwealth, what the Court of Directors may deem equivalent for the cost of their maintenance therein. The Asylum can now accommodate 220 patients.

This Institution is under the able superintendence of Dr. Francis T. Stribling, and is in a flourishing condition. Its geographical position is more favorable than that of the Eastern Asylum, hence, it is constantly full, and as the Directors of the Eastern Asylum state, is able to select such cases as are most recent and of course most curable, thus doing injustice to their Asylum by keeping it filled with old and incurable cases. They therefore propose an alteration of the present law which directs that "lunatics from any part of State be sent to the nearest Asylum," so that each Asylum shall have a district of the State assigned to it proportioned to its means of accommodations.

We notice that colored persons are not received as patients into the Western Asylum, but we believe they are into the Eastern. Dr. Stribling, in his last Report, alludes to the necessity of some provision being made for insane colored persons of Virginia, and also urges upon the Directors the importance of "owning such slaves as are necessary to aid in the operations of the Asylum." The following extract from his Report embraces both these subjects :

"One of the greatest difficulties which we have to encounter in the management of this Institution, results from the fact, that the services of slaves can not be dispensed with. Although we never permit them, under any circumstances, to direct or control a patient, yet their duties are of such a character as to bring them frequently into inter-

course with the patients, and thus afford them an opportunity to exercise no small degree of influence upon their mental quiet and physical comfort. Much—very much, therefore, depends upon the character, habits and disposition of the servants, and however excellent these may be, much trouble and anxiety devolves upon the officers of this Institution, in training them for the peculiar duties they are required to perform. It will readily occur to every thinking mind, that it must be extremely difficult to obtain such as possess the proper requisites, and that when procured and instructed, they should be highly prized. Under the present system, however, if we are so fortunate as to hire those who seem to answer well our purposes, it too frequently happens that they can be retained but little longer than their worth is discovered. Those who have had experience with servants, accustomed to being hired, know that they become fickle and capricious—fond of change, and averse to remaining long at any one place, and that, unfortunately, it is too much the habit of their owners to indulge them in this respect. The consequence is, that the officers of this Institution are in danger of being restrained from enforcing that discipline which is indispensable to its success, or by doing so, have to apprehend that at the close of the year they will be compelled to exchange servants who are considered in many respects valuable, for others who are ignorant of the duties required of them here, and about whose characters and dispositions we can know but little. Other reasons of equal weight might be advanced in support of the proposition that the Institution should own its servants, but it is deemed useless to present them; we only add, that as a question of economy, irrespective of its bearing upon the feelings and comfort of the patients, it seems to us fully to merit the approval of the Legislature; and nothing more will be needed to establish the correctness of this opinion, than simply to state the fact, that during the present year, the Institution, (without exceeding the usual amount paid for hire in this section of the country,) has paid the sum of

\$1370 39, for the services of those who could have been purchased (or others equally as valuable) for \$10,300, being upwards of 13 per cent. upon the amount of capital which would have been invested had they belonged to the Asylum. There can surely be no good reason why the Commonwealth should continue to pay such a per cent., and yet this will be inevitable, until she purchases instead of hiring the servants which are required for the purposes of the Institution.

“There is one other subject in every respect worthy the attention of the Legislature, which it is our purpose at present merely to suggest, deferring until another occasion, should it be necessary, the reasons which should govern their action in regard thereto. We allude to the importance of some provision being made for the proper care and treatment of insane colored persons. The last census shows, that including the insane and idiots, there were in Virginia 384, of whom 58 were free. Where these are, or what is their condition, we have had but little opportunity to learn, but know enough to convince us that many of them much need the sympathy and aid of the Legislature. No provision having been made here for the comfortable accommodation of this class of patients, we have never found it practicable to admit them, although occasional applications have been made to us in behalf of free blacks, and frequently of slaves. What is the best to be done, or whether any thing be attempted immediately, should be submitted of course to the wisdom of the Legislature. We will simply remark, that for many reasons it would be desirable that an Institution for colored persons should be entirely distinct from those occupied by insane whites; and yet as a matter of economy, it would certainly be best that they be in some measure connected; at least in so far as they might be subjected to the management and supervision of the same directors and officers. Should it be the pleasure of the Legislature at any time to make suitable provision for such in connection with this Asylum, we will most cheerfully devote our energies to promote their comfort and effect their cure.”

SOUTH CAROLINA.

This State was among the first to make provision for the Insane poor. So early as Dec. 1821, an appropriation for an Asylum was made by the Legislature. In 1822, a site for the buildings was selected at Columbia, and in 1827 they were completed for the reception of patients. Thirty-four acres of land are attached to the Asylum. The Institution is governed by a Board of Regents elected by the Legislature every six years. The State reserved the right to send pauper patients to the Asylum at \$100 a year, but this sum has been found, after long experience, to be insufficient, a fact deserving the attention of those who are attempting to reduce the price at other Asylums below even this sum.

Dr. Daniel H. Trezevant, a gentleman of ability and experience, is the Physician to the Institution, and has been, we believe, since the year 1835. But he does not devote his whole time to the Institution, and on this subject frankly states, "I have often felt, and still do feel, that it is not in my power (without neglecting my other business) to devote as much time to their cases as their situation requires."

He also alludes to the propriety of a change being made so as to vest the offices of Physician and Superintendent in one person, but the Committee of Regents do not approve of this arrangement.

We know not the whole number of patients that have been admitted into this Asylum, but Dr. Trezevant states in his last Report that "Since the year 1835, the time of my appointment as Physician, there have been received into the Asylum 233 patients; and of this number 120 have been discharged cured, 14 have been removed by their friends, and 68 have died." Present number of patients, 72.

In relation to insane colored persons, the Report states, "Your Committee have to deplore that no provision is made for the insane blacks among us; that the arrangements of the building and the means of the Board will not allow it. How far this is compatible with the principles of our en-

lightened philanthropy, they will not decide. According to the census in 1840, there were at that time 137 insane blacks in South Carolina. From reasons, to which it is not necessary here to allude, the white and colored subjects can not be associated, and any provision for this latter class will necessarily involve the erection of another building."

Dr. Trezevant alluded in his Report to a subject we do not recollect having seen treated of by others, viz: the propriety of compelling the insane to labor. His views are as follows :

"The great object, in the cure of insanity, is to arrest the attention, and fix the mind upon some subject unconnected with the insane idea ; and while doing this, the general health should be strictly watched. When the different viscera resume their healthy functions, the brain will, in most cases, return to its normal state. But how is the attention to be fixed, and the mind employed ? By pleasing conversation, exercise, and steady and sustained employment. It is now the custom, in the Northern Institutions, to keep the patients employed at some trade, or on the farms, and by giving them full exercise, and something to occupy the mind, they are compelled to think, and their feelings and their thoughts are diverted from the sources of misery and distraction which had shattered their intellectual powers. But what course is to be adopted with those who will neither work nor engage in amusements !

"The question is, not whether their labor is to be made profitable to the Institution, but whether it is to be of advantage to them ; whether the employment of the physical man will benefit the intellectual ; and that being the case I have no hesitation in saying that they should be forced. Who can object to coercion for their own benefit ? Is it more than the discipline used for the sick, and the exertions children are compelled to make for their advantage ? Who denies the propriety of compelling a child to learn ?—of requiring him to pass hours at a dull task, so long as it exercises his mind and adds to his information ? Why do we make him move

about, but to give vigor to his bodily frame, tension to his nervous system, and healthy action to his lungs, and by their influence on the blood, to develop to their fullest extent, his cerebral organs? Does any parent hesitate to make a child memorize his lessons, or exercise his limbs when disposed to be indolent? And why should there be an objection to the same course with a man?—one whom accident has deprived of his judgment, and who stands before us in the relation of a child? Why should we not compel him to use bodily exertion, and by so doing, force his faculties into action, whether he will or not? And why should we not adopt means that will arouse a new train of ideas, (even though it may be through the influence of anger) and banish the insane illusion? This can be effected with advantage to both mental and bodily health: and should we be deterred from doing it from any feeling of false delicacy or sickly sentiment? Or ought any means to be considered improper that would effect so desirable a change? Many of our patients could not be induced to work, and heretofore they have been permitted to lounge about until imbecility crept over them, and finally crushed the little intellect they had. Which is preferable, to compel them to work, or see them gradually sink into a state of helpless, hopeless imbecility?

“I should say that any means, capable of arresting this termination, and saving one being from such a state of brutish stolidity, should not only be adopted, but considered as a blessing conferred on the afflicted. Can means be devised to compel them to exertion, without using harsh or violent coercion? I think there can. We have differed in our opinions heretofore on the subject; but I still believe that it might and ought to be attempted. We need not to be tied down to one kind, but various modes of a similar character might be tried, that would compel them to action, and by action, rouse the capillary circulation, bring the skin into a healthy state, and free the internal organs from the load which oppressed them into inaction. Who has not felt the languor and oppression, and morbid irritability that assails

them from a continued state of inactivity, and how rapidly it has been dispelled by exercise in the open air? With what a glow and general exhilaration he returns, after his whole system has felt its invigorating influence! I have brought this subject again before you, and urge most strenuously that you will see to the furnishing of proper recreation to the patients, and supply them with proper work; and that you will not permit your feelings to get the better of your judgment, and prevent the establishment of such means as will furnish involuntary and compulsive labor to those who would otherwise be idle, and that it be continued until the beneficial effects render it no longer necessary."

We regret that Dr. T. has not particularized some of the means to which he would resort "*to compel patients to labor without using harsh or violent coercion.*" We can not think of any that would not be improper. We should so consider diminishing their usual supply of food, secluding or deceiving them, &c., though these means might not be deemed harsh or violent.

In concluding his excellent Report, Dr. Trezevant thus alludes to a subject that causes much difficulty in most Lunatic Asylums:

"Much dissatisfaction exists in the community at my refusal to permit them to visit their friends, while under medical treatment. I have tried the experiment, and have so uniformly found it injurious, that while there is a chance of their restoration, I never allow access. It often irritates, seldom soothes, but mostly leads their thoughts to home, where the source of the trouble is usually centered, and makes, of quiet, well-disposed and orderly patients, restless, unhappy, and violent maniacs. Another objection to their receiving the visits of their friends, is the incorrect opinion they sometimes go away with as to the treatment of the patients. Few reflect on the great change the moral feelings and perceptions undergo in the insane. Knowing that their friends were persons of undoubted veracity before their indisposition, they imagine they must remain so still; not re-

flecting that the patient, though telling what he believes to be the truth, is suffering under delusion of perceptions, and though reasoning correctly, yet he either hears, or sees, or smells wrong, and hence tells a tale not entitled to belief. This occurs in every Asylum. It often makes the friends unhappy; they promise to have the evil redressed, the patient expects a change, becomes restless under the supposed grievance. But the change never comes, for it can only be effected by his becoming better, and then he neither feels the presence, nor is even aware of the former existence of his complaint. I have often had complaints made to me of the savage conduct of a keeper on one day, and perhaps have the highest encomium passed upon him at my next visit. In both cases the patient spoke what he believed to be the truth; the difference was in his feelings at the moment. I allude to this at the present time, because I have had much trouble both with patients and friends, and some, from being refused, have gone away in anger, and threatened to remove their wards from the Institution. A physician is frequently placed in a very unpleasant situation. He knows that at every hazard the welfare of his patient is to be first considered, and his feelings are often severely tried by the importunity of friends.

“The moment they begin to convalesce, their acquaintances are anxious to see them, and often bear to their relatives a false report, productive of much mischief. Mrs. — is a melancholy instance of this. Through the foolish interposition of friends, and a want of firmness in her husband, she was removed (contrary to advice) from the Asylum, and she, who was nearly well, was shortly after returned an incurable maniac. A few moments reflection would satisfy them that neither to the Physician, nor any officer of the Institution, can their continuance be of advantage. It does not increase their emoluments, but certainly adds to their cares and their labor, and self-interest alone would prompt them to expedite the cure as much as possible.”

GEORGIA.

The only knowledge we have of an Asylum for the Insane in the State of Georgia is derived from a pamphlet of 71 pages, published the year past, at Milledgeville. Its title is as follows: "First published Annual Report of the Resident Physician of the Lunatic, Idiot and Epileptic Asylum of the State of Georgia. To His Excellency, Geo. W. Crawford, Governor; Doctors T. Fort and B. A. White, Trustees. Comprising its origin, progress and present state; its fiscal concerns, and a detailed account of patients admitted; their symptoms, or states of derangement, treatment, &c. &c. &c. By David Cooper, Resident Physician and Trustee. Milledgeville, Ga., 1845."

After reading this Report, we still had doubts respecting an Asylum for the Insane in Georgia—as, for reasons which will hereafter be obvious, we could scarcely believe this Report to be genuine. We could not at first believe that any Board of Trustees, together with the Governor of the State, to whom it is addressed, could ever have sanctioned the publication of such a singular document. But to our surprise we learn that this is a veritable Report of the Lunatic Asylum at Milledgeville. But it is such a confused medley of facts, and reasoning, and unusual words, that we find it difficult to learn much of the actual condition of the Asylum. To make good this assertion, we add the following from page 9. Intending, we believe, to illustrate the fact that suitable provision for the insane poor of the State would lessen the burden of the tax-payers, he says: "In a pecuniary and politico economical point of view, it will be to our financial interests, the Archemedian lever to oscillate the incubus beam of deranged, and depressed fiscal oppression which has shed its blighting effects upon the monitary affairs, and financial operations of the State Treasury for so many years, by lightening, the onerous burthens of Taxation from the shoulders of the poor and destitute, and afford bread to those who are ready to perish; these are not analogical suppositions and without veritons foundation, or

demonstrable illustration. but susceptible of proof by the introduction of a few prolegomious deductions, and the aid of a few arithmetical prolepses."

If we rightly understand this Report, the Act authorizing the building of a State Lunatic Asylum passed the Legislature Dec. 1837; that a site was soon after selected two miles south of Milledgeville, 40 acres of land purchased, and a plan for a building adopted. The plan proposed was, in the language of the Report, "that of two buildings, each of 4 stories high, 120 feet long and 39 feet wide, parallel to, and distant from each other 222 feet, this 222 feet designed to be the foundation of another, or third building, reaching from the outer corner of each of the 2 first, covering the whole space from outer corner to outer corner, constituting this third building 300 feet in length and to be 40 feet in width, its ends where they join to the ends of the other buildings, are to be Verandas."

After expending \$45,000, one of the wings was completed, and opened for patients Nov. 1, 1842, the men being kept in 1st and 2d stories, and women in 3d and 4th stories of same building. The first year 10 patients were received, and at the end of this time we believe Dr. Cooper was appointed Resident Physician, and his Report relates to the cases in the Institution the 6th Nov., 1843, (four in number,) and 29 admitted from that date to Nov. 1, 1844. Total of all the cases, 33. Of each of these Dr. C. has given a minute account without regard to their presenting anything unusual or interesting.

Had the cases been interesting or instructive, and described in a proper manner, we should still have thought the practice of presenting his case book to the public very improper,—but they are described in a style altogether unprecedented and ridiculous. Take for instance the following :

" *Case 13th*, Mr. —, from — co. Ga., Lunatic for 9 years, pauper, aged 45; Sanguineo billious temperament; married and farmer, admitted into the Institution 23rd March 1844, for many years this subject had been a devout mem-

ber of the Presbyterian church, filling the station of delegate to conventions, presbyteries, &c., and enjoying the utmost confidence of his brethren, sustaining all the social relations characteristic of a kind neighbor, and affectionate husband and father without (as his brothers say in a letter to me) any ostensible cause for derangement, unless it proceeded from his devotion and enthusiasm. His attack was preceded by and accompanied with almost an entire abandonment of all other pursuits and an apparent indifference to the interest of his family, visiting churches, attending religious meetings, &c., till his conversation and actions began to exhibit so much incoherence as to demonstrate incipient insanity, his acts of devotion were attended with a want of solemnity, or too much facetiousness, his prayers lacked inspiration and savored of irony, his family (not over discriminating and intelligent,) endeavored by advice to restrain him from devotion, family prayer, fireside lecturing, &c., and from attending religious meetings, this offended him, he chid them "that God's authority was above all other, he acted under his inspired authority and direction," "we must pray always constantly, &c., even to the neglect of all temporal concerns and provision for the wants of the body," his family's reasonings against this course aided by neighbors, exasperated him, he threatened them, exhibited evident indications of violence and homicidal impulses, became furious and ferocious requiring restraint upon his athletic body and superior physical powers, this was resorted to, and he confined with a chain to his leg and iron hand cuffs and chain, and for nearly 9 years he was kept in this situation and stapled to one spot most of the time, and with these chains, handcuffs and staple driven into the bolster of his cart, he was brought to our Institution, 150 or 175 miles under guard of 2 men, with his feet very much swollen, particularly from the chaining, and with one eye out which in one of his furious, frantic and ferocious fits of disrupted, dethroned reason, he had torn from its socket in obedience to the gospel command, "if thy right eye offend thee pluck it out." This disfiguration re-

mains a monument of the demoniac and legionized state into which the mind may be thrown by excess, though the germinations of that excess, are the impulses of inspirations and religion; thus situated, he entered our Asylum, having had two furious paroxysms in the cart on the way. We gave him a comfortable room, bedding, &c., but with his handcuffs and chains as we received him, placing a staple in the middle of the floor, this confinement he expostulated with us to resort to, as a protection to ourselves and him from violence, tho' now exercising this much reason, cool, mild inoffensive and projecting means of prevention against injury, in less than six hours he was as furious as a tiger and roaring like a lion, and to be heard half a mile, cursing, stamping, clanking his chains, anathematizing and menacing all who passed in the yard, both inmates and servants, and anon passed into a silent or dumb deeply meditative state, in which his eye was fixed upon an object steadfastly for half an hour, this latter no means could divert and it is a symptom which frequently takes place without being preceded by the furious paroxysm. The above may be considered a description of his furious stage, tho' it has sometimes been much severer and more protracted than at others; the countenance and gestures in those fits do not admit of description. Between these exacerbations which are not periodical, but used to occur every day or two, since every week or 10 days, but recently much more seldom, he is quite rational, mild, sociable and affable, conversing freely on different subjects, state of the weather, prospect of the crops, price of cotton, news, politics, and religion to excess if encouraged, reads newspapers and other miscellaneous works, sometimes the Bible and Hymn book, tho' they injure him; sleeps well and his dreams are pleasant, tho' very different when he came in, talks of his family with affection, reads their letters with pleasure, tho' he says he used to wish to kill them, particularly his infant, he enjoys excellent health especially since we have released him from his chains, (which he would not permit us to do for 6 months for fear of former violent impul-

ses, homicidal and suicidal dispositions,) and permit him to walk daily at liberty in the promenade passage in the fourth story of the building, a situation well calculated to inspire rational thought, variegated contemplation, and amuse his mind, and chase away from its melancholy reminiscence those corroding reflections which too generally harrass the convalescent from insanity till he has acquired his former rationality; as from its elevated site the eye embraces a commanding and picturesque view of the village of Midway, ornamented with its female Academy; its preparatory school; its female literary Institute; but more elegantly and tastefully ornamented by Oglethorpe University under its able faculty, the President and Professors: and from which are destined at no distant future day to radiate in her alumni, perennial streams of literature, science, moral worth and piety, which shall adorn the walks of civil life, vie with successful competition with the foremost in the ranks of the learned professions, and chain in breathless silence listening multitudes, with their fervid, pious pulpit eloquence. In radiating the eye north from the key stone arch of this classic literary and scientific culmination, the city of Milledgeville, (tho' two miles distant) presents in amphitheatrical variegation, its tumulous mausolea, its sacred fanes, upon the altars of which is duly offered up by the Clergymen of the Episcopal, Presbyterian, Methodist and Baptist churches, and perennially burns enough of holy incense and sufficiently redolent of the blood of atonement to expiate all the turpitude, crime and guilt of its citizens, and in beautiful and bold relief within their circling embrace and audible distance as if by their proximity and holy emanations, to obtund the acrimony and quell the discordant elements of political strife, within its capacious stuccoed walls so ornamentally decorated with the likenesses of the master spirits of the age, Washington, Jefferson. Franklin and La Fayette, stands the Capitol of Georgia, rearing its elevated dome, proud cupola and cloud capped and pinnacled Franklin, around whose

apex like its projector, the electric fluid has darted its scintilla and flashing corruscations for thirty seven years without scathing or injury. tho' hard by stands the Government arsenal, stored with the attractive metal of fire arms and the inflammable deposit of gun powder. From this elevated situation in our Institution, the eye embraces an entire view of the whole city and prominent residences in the vicinity, comprising the splendid edifice, the Governor's residence, the Court House, the Masonic Hall, the county prison and house of correction, or State Penitentiary with its elevated octagon dome cacuminating cupola and aspiring Franklin, vieing in attitude and pre-eminent conspicuousness, with any of the most prominent in its vicinity. Not among the least attractive scenes to the eye of the spectator from this elevation in our building may be enumerated the view of the Oconee river, the rapid descent of which is dashed into innumerable murmuring rills, splashing currents, and swelling torrents, chasing its shores by the resilient influence of the huge and anfractuous rocks composing its rapidly decadent bed above and opposite the city. From this situation our patient is frequently invited and accompanied down into the walk yard between the two buildings, and associates freely and harmlessly with the other male inmates apparently much pleased and gratified with the fine exterior appearance of the building, and enquiring, "how much did it cost?" and seldom has a paroxysm and but very slight being quite controllable. The medical treatment in this case has admitted of, or required but little variation, (except such as was necessary for the cure of his dysenteric affection in the spring) and comprised the nauseant, aperient and shower bath course, with occasional anodynes, and our uniform mild, soothing and conciliating conduct and conversation, especially to cheer and console him, when dejected and despondent, some contributions to which objects have been afforded by letters received from his family assuring him of their fine crop, comparative prosperity and prospects of visiting him this fall."

When the reader has perused this, and is assured there are 32 more very similar, he will agree with us that nothing but disgrace to the writer and the Institution he conducts, and in fact to all similar Institutions in our country, must follow from such a Report being made public. We do not know Dr. Cooper;—from some things in his Report we judge him to be a man of kind feelings and one who wishes well to those unfortunate persons under his care—but we must in all kindness remonstrate with him and strenuously urge him never to publish another Report of the kind, and none whatever until after submitting the whole of it to enlightened, discreet and fearless friends, and obtained their unanimous approval.

KENTUCKY.

There is a State Institution for the Insane beautifully located about one mile from the city of Lexington. It was opened for the reception of patients in 1824. It seems to have been designed for the safe keeping of patients rather than their cure, and can hardly be said to have been a curative establishment until recently. Whole number of patients admitted from 1824 to Dec. 1844, 1128; of this number 404 recovered, 416 died, (43 by Asiatic Cholera,) 93 eloped, and 32 removed. Present number, 163.

Previous to 1813, the medical department was confided to a young man at a salary of \$150 per annum, but so great were the complaints respecting the treatment of patients at the Asylum, that the Managers were induced to change its organization and to appoint a Resident Medical Superintendent. Fortunately they selected Dr. John R. Allen, of Greensburg, for that situation, who has entered upon the discharge of his duties with much zeal, and has made many improvements and proposed others, and in a few years, aided by a generous Legislature, we expect to see the Kentucky Lunatic Asylum take rank among the good curative establishments of the country.

OHIO.

The Ohio Lunatic Asylum, at Columbus, is a State Institution, and was opened for the reception of patients Nov. 30, 1838. It was built chiefly by the labor of convicts, and is supported by direct annual appropriations from the State Treasury. Fifty-seven acres of land are attached to it. Since it was opened, in 1838, to Nov. 1844, the whole number of patients admitted is 541, of which number 243 recovered and 58 died. Present number of patients, 148.

The Asylum has been full for several years, and applications for admission necessarily rejected for want of room, have been so numerous, that the Legislature, with a praiseworthy liberality, decided in the winter of 1842 to enlarge the building by the addition of extensive wings so as to accommodate 100 patients each. One of these wings is about completed, and the other is to be in the summer of 1846. With these additions, this Institution will afford accommodations for 345 patients.

Dr. William M. Aul is the Superintendent of the Asylum, and has been ever since its organization—in fact we consider him the founder of the Institution, as owing to his exertions, aided by his medical brethren in convention in 1835, the Legislature of the State were induced to make appropriations for its establishment. This Asylum takes rank with the very best in the country, and affords an example for the surrounding States to follow.

TENNESSEE.

The Tennessee Lunatic Asylum, established in 1841, at Nashville, is, we believe, a State Institution, and capable of accommodating 100 patients. We have seen no published Report of this Institution, but learn from friends who have visited it, that it is not made a comfortable place for the Insane. It has no Resident Physician, but a medical gentleman of the city visits it twice a week. We do not know the number of patients, but understand the Institution is not full.

The States of North Carolina, Louisiana, Alabama, Mississippi, Missouri, Michigan, Indiana, Illinois and Arkansas are as yet without a Lunatic Asylum.

We have thus, at considerable expense of time and labor, been enabled to present our readers with an account of the origin and present condition of the Lunatic Asylums of the United States. The space occupied has been greater than we intended, and we can not afford room but for a few additional observations.

We trust that no State in the Union will long be destitute of an Asylum for the insane poor—an Institution controlled by the State. This is essential to secure the proper care of that deplorable yet increasing class of Lunatics that have been acquitted of crime on account of insanity. The courts of every State frequently acquit such—but where there is no State Asylum they are sent back to jail with criminals where their situation is often wretched in the extreme.

For instance, in the State of Connecticut, about ten years since, a man was acquitted of a high crime on the ground of insanity, and remanded to jail by the court according to law. Subsequently a law was passed by the Legislature for this insane man to be removed, though not as a criminal, to the state prison, where it was thought he would be more comfortable than in jail. He has remained in the prison since then, usually in a small cell, and most of the time a raving maniac. The late intelligent physician to the prison and other medical gentlemen who often saw him, were of opinion that he would have recovered had he been placed in a good Lunatic Asylum.

The Legislature of Connecticut, with most commendable liberality, has made, and is annually making large appropriations for the relief of the Insane of that State;—why then is this unfortunate and well educated foreigner permitted to linger out his days in the prison? Solely, we suppose, for the want of a Lunatic Asylum controlled by the State. We hope the next Legislature will see to this, and no longer per-

mit what, if continued, will be a stain upon the character of that generous State.

The location of an Asylum for the Insane is a subject of much importance. It should be central, and in the neighborhood of a city or large village. It should, however, be at least one mile from the settled part of the town. But no location is a good one unless there is an abundance of good water in the vicinity that can easily be carried into every part of the establishment. The main building should, we think, front to the south, and be placed one fourth of a mile from the common road, and very remote from all other roads. In the rear should be a good farm, at least one hundred acres, even for a small number of patients, that they may have grounds for labor, exercise and amusement, where they will not be intruded upon by visitors. Pleasant walks should be made through the grounds, and if no groves, numerous trees should be planted.

The buildings should be of durable materials, and built in the best manner. Great pains should be taken in laying the foundations, and in constructing the drains and culverts. As the plastering inside is directly on the walls of the rooms occupied by the patients, precautions should be adopted to prevent such rooms becoming damp in long continued wet weather. This we think can be done, by building the outer walls double, each eight inches thick, with a space of two inches between, bound together by occasional bricks, and the outer wall should be laid in water lime or cement.

To prevent the transimission of sound from one story to the other, the space between the joists should be filled with a course of bricks and mortar, resting on boards fastened near the bottom of the joists. This not only prevents the transmission of sound, but is a security against fire.

Every Institution for the Insane should have we think a Superintendent who should be a Physician, reside in the building, and under the direction of the Managers be its responsible head. Residing in the neighborhood, however

near, we think less desirable for his own comfort and the good order and welfare of the establishment, than in the building with his patients, whose condition he can then readily know at any moment.

Our views relating to numerous other particulars, such as the proper size of an Institution, its internal arrangements &c, we must defer to another time—but we cannot close this article without calling attention to the Annual Reports of the Institutions for the Insane in the United States, and commending them to the notice of all those engaged in the study of insanity. With few exceptions they are interesting and valuable documents. In some respects we think they may be improved, by omitting useless details and avoiding topics that interest but a few; and especially do we think that tables which state on the same line the *cause* of the disease with the date of admission, sex, age, &c, thus enabling those acquainted with a patient to know all these particulars relating to the case, very objectionable. We know of some instances where the feelings of relatives have been much grieved by such a public exposure—and that such must often be the case is evident by looking at the *causes* assigned for the disease in some of these tables. No possible good can result from these lengthy tables, as the same facts can be generalized and presented in a better and unobjectionable form.

ARTICLE V.

"JOURNAL OF PRISON DISCIPLINE," AND LUNATIC ASYLUMS.

To the Editors of the American Journal of Insanity:

GENTLEMEN,—I observe in one of the numbers of your valuable publication, you deprecate "the juxtaposition of Institutions so dissimilar as Prisons and Lunatic Asylums in Prison Discipline Journals," as doing "no good, but on the contrary much evil."

Will you allow a friend to Reform in Prison Discipline to state the other side of that question, and in all kindness, to inquire whether your zeal for the insane has not caused you unwittingly to contract somewhat your otherwise enlarged benevolence ?

The juxtaposition of which you complain may indeed, as you suggest, "tend to perpetuate the erroneous notion that Asylums for the Insane are prisons, and that it is a disgrace to be placed in one." But is that an enduring evil ? Is it doing, or can it do much harm ?

So far as our public authorities are concerned, it has had no injurious tendency, for they have already made provision, in the Institutions at Utica, Bloomingdale and Blackwell's Island for nearly 1000 of the insane, or one third of the whole number in the State. So far as concerns the friends of the insane, it has not had much effect, for all those Institutions are crowded with inmates, and several private establishments well sustained. And so far as the patients are concerned, it is an impression removed at once, and most easily, by a few days' residence.

——— Look at that picture :

Now on this, ——

They are kindred subjects, as all must acknowledge, who believe that the moral as well as the intellectual faculties can be deranged by accident or disease, and while the latter fills the Asylums, the former crowds our Prisons.

Insanity is often a cause of crime and a shield against punishment for its perpetration, and therefore the criminal lawyer must know as well the learning of insanity as of the law.

But most of all, is the divorce you aim at to be avoided, because the errors which so long clouded the general mind in regard to the deranged, still, in a great measure, cast their gloomy shadow over the criminal. And the violence, the cruelty, the chains, the whips, the dungeons which were once the maniac's fate are still defended, justified and prac-

ticed in almost all our prisons, and with effects almost as blighting and destructive in the one case as in the other.

No argument is so forcible, no appeal so effective, in the mouths of the friends of Prison Reform, as the triumphant success which has attended the efforts of philanthropists on the cognate subject.

It is the triumph of love over force, of kindness over cruelty, of reason over the selfish passions. To the same source do the advocates of Prison Reform look for their ultimate triumph.

Do not, then, utterly cast them off. Let them profit by and appeal to your example. And you, who have succeeded so well in producing the fruits of Christian Love amid the ruins of the intellectual faculties, lend your aid in planting its seeds amid the desolation of the moral; and it can not be, in the very nature of things, but that the same happy results must follow.

* * *

We give place to the foregoing communication from a distinguished jurist of this State with pleasure. The learned gentleman altogether misapprehends us in supposing we desire to cast off imprisoned criminals. Quite the contrary is the fact. We consider them for the most part objects of pity—the unfortunate inheritors from nature of tendencies to error, which instead of being repressed by proper education, have been strengthened by their social condition and the neglect of society. Most cheerfully would we unite with others in any practicable and reasonable measures to reform them and improve their condition.

We spoke of the course of the *Prison Discipline Journal* as we did, not that we wished criminals to be neglected, but because classing them with the insane in such a journal would do *them* no good and the insane much harm.

He can be but little conversant with Lunatic Asylums and with the insane and their friends, who does not know, that even now the prejudice against such establishments is very great,—that they are regarded by a large part of the unenlightened portion of the community, as prisons and dun-

geons, where men and women are confined in cells, chained and abused. It is this prejudice that has caused the large number of incurable cases of insanity in the country. Their friends have kept them at home until the period for cure has passed, for fear of Asylums. Were these Institutions rightly appreciated by the friends of the insane and the community, there would not be, as is now the case, here and there one, affording accommodations but for a small part of the insane, but they would abound in all parts of the country, and no one, likely to be benefitted by a residence at an Asylum would be long kept out of it. To produce such a result by changing the opinions of many in the community we feel it our duty to strive, and to oppose whatever is calculated to retard the progress of correct views and right feelings on this subject.

In our view, accounts of the insane and of Institutions where they are placed, in a Journal that, judging from its title no one would suppose treated of other subjects than Prisons and Criminals, will tend to increase and perpetuate the erroneous opinions we have mentioned.

Besides much is due to the feelings of the insane. They are grieved and reasonably so, to see the Institution where they have been placed ranked with Prisons, and themselves apparently catalogued with a class of persons that neither they nor the community regard with the feeling of commiseration that our benevolent and enlightened correspondent does.

Still we would not object to the course alluded to, if it was servicable to criminals; but it has no such effect, on the contrary by occupying the space in the journal that should be devoted to making known their wants and claims, much less good will be accomplished in their behalf than it was reasonable to expect from such a periodical.

We rejoiced when we heard of the establishment of a Prison Discipline Journal at Philadelphia. We believed it would do much good, and hoped it would avail itself of that flood of light, if we may so say, that has been thrown upon

the whole subject of crime, criminal legislation and prison discipline by physiology and phrenology—sciences that have shown the relation between the physical constitution and the mental and moral faculties. In our opinion the principles advanced in the works of Gall, Spurzheim, Combe, Simpson, Sampson, and others of that class, and the practical excellence of those principles, as exhibited in several Institutions in other countries, ought not to be overlooked by a Journal devoted to the improvement of Prison Discipline.

The writers alluded to have in our opinion indicated the plan to which we may now look with great hopes of good results. In this opinion we are confirmed by a recent letter from one, who by her own personal exertions and sacrifices, has effected a great improvement in one of the largest prisons in our country. We refer to Mrs. Farnham, of Sing-Sing, who says, "In reply to the question whether in my efforts for the reformation of criminals I have been guided by the laws of relation between mental manifestation and physical developement? I answer *emphatically, yes*. A knowledge of and adherence to those laws, have been the foundation of whatever success has attended my efforts."

As already stated, we consider criminals for the most part, an unfortunate class, whose physical organization is defective, which disposes them to a vicious course. With them the influence of the higher faculties of the mind is small, while that of the propensities is naturally great.

If therefore the cultivation of the former is neglected, the animal propensities gain the ascendancy and direct the conduct. It is this class, who have been thus neglected, who are ruled by their passions and sensual propensities that furnishes nine tenths of our criminals. For the prevention of crime therefore, recourse must be had to the *education of all the youth*. Ignorance, the want of mental and moral culture, is the most prolific source of crime. Thus we find in Connecticut that about *one fifth* of the convicts were unable to read when committed, and all extremely ignorant, yet we rarely find an individual in Connecticut who cannot read.

Nearly *one quarter* of the convicts are blacks without education, yet the proportion of the colored population to the white in that State is but *one to thirty-six*.

By the neglect of intellectual and moral cultivation the sensual propensities acquire a fearful preponderance, and the gratification of these, constitute the only happiness of this class of individuals. To satisfy the demands of these propensities they transgress the laws of the country, are arrested, convicted, and sent to prison. How can a criminal thus circumstanced be reformed?

We are of the opinion he cannot be forced into reformation by the infliction of physical pain and suffering, but if at all by leading him *to will* to amend, by inducing him to reform himself, by calling into activity his intellectual and moral powers, and quieting his animal propensities. Such an individual though living in the midst of a civilized community, is to a considerable degree in the condition of the uncivilized savage, unaccustomed to the control of his passions and lusts, and ignorant of any enjoyments but those that are debasing and sensual. The only hope of reforming such an individual is by making known to him higher and purer enjoyments, and rendering him less brutal and sensual. Unquestionably hard labor and plain food, tend to lessen for a time the force of sensual impulses, but they do no more, they change not the moral nature of the criminal, they furnish him no new tastes or propensities, nor any additional power to resist the calls of appetite and passion when released from the Prison.

But we are told that when the criminal is left in the solitary cell, he will then 'feel the pangs of guilt,' and, 'be compelled to listen to the reproofs of conscience;' and by reflecting on his past bad conduct be led to repentance and reformation. If this was correct it would be exceedingly gratifying; we have therefore endeavored to ascertain if such is often the case, and are fully satisfied it is not, but that a criminal thus left to his own reflections will grow worse instead of better. If a person however, in whom the moral

faculties were generally active, was to commit an offence that subjected him to imprisonment, undoubtedly this would be the result. That some such are imprisoned and become reformed we have no doubt, but in the generality of convicts the moral powers are too weak to produce remorse. As the Chaplain to the Connecticut Prison remarks in his Report, 'most convicts are not only ignorant but exceedingly sensual. Their prevailing thoughts are sensual. They spend hours together in the silence and solitude of their cells, forming in their minds pictures of those acts of sin and crime to which they have been and are still most inclined, and by this mental process render themselves more ripe for outward acts of transgression when they obtain their liberty.'

The power of conscience in most criminals appears to be trifling. During a long career of crime, and most criminals confess they have been guilty from youth of petty offences, it had not been exerted, and now when in prison does not disturb them. They do not in fact feel very guilty. They cannot be made to realize that they have been great transgressors, even when convicted of the most heinous crimes. But the mind naturally reverts in solitude to pleasing recollections. Remorse cannot long be endured. To what then can the thoughts of such men revert when in prison but to sensual reminiscences. They have no fund of ideas that their minds can dwell upon, but what is connected with their former sensual enjoyments. They are in general men of narrow intellects. Either from natural endowments, or from want of early education, they constitute in fact, a distinct and peculiar class, an unfortunate class of beings whose mental powers are inferior to the generality of men, but whose passions and animal propensities are stronger. A want of caution is also a general characteristic.

Hence we find that though they leave the Prison, firmly resolved never to transgress, they soon, and as it were almost instinctively, seek a criminal course, and usually recommit the *same crime* for which they have just suffered se-

vere punishment, and so incautiously that they are again immediately detected. Conscience, reason, experience, suffering in Prison, all appear to be impotent when arrayed against their impetuous impulses and passions.

Were it possible to reform such men, it would require a long course of correctional education. Mere confinement will not do it; their minds must be improved, new desires must be created, new impulses awakened, and they be made to realize there are other enjoyments than the sensual. Of many criminals, especially these long addicted to vice, we have but little hope even from this course. But of the young we have.

We should confidently expect the reformation of many by a proper course of education, though we are fully convinced that the organization of some criminals is so defective, that there is little or no hope of their being so reformed as to render it safe for society to have them at liberty.

Guided by these views which we have heretofore advanced, and which considerable observation of criminals while a Director for several years of the Connecticut State Prison, and subsequent reading and reflection have tended to confirm; we can not but regard the controversy between the advocates of the Auburn and the Philadelphia system of Prison Discipline as trivial, and unfortunately tending to divert the attention of many excellent persons from seeking one better than either.

"The greatest evil, perhaps," says Condorcet, "that can be done to truth, is to force those who love it to form a sect." We fear that many good men who are sincerely desirous of the improvement of criminals, are likely to be *forced* to join one or the other of these parties. We regard both the Auburn and the Philadelphia system as good in some respects, and in others, as lamentably defective. Both, we think, have failed, so far as the reformation of criminals is concerned. The few reforms that have occurred seem to us to be accidental, not the result of the system; or they have occurred among that class who have been guilty of crimes against

persons, a class far more likely to reform under any system than those who have committed crimes against property.

But we have not time or space to enlarge upon the defects of these noted systems, nor to particularize a better, and we owe an apology to our readers for this long dissertation on a subject foreign to the important one to which our Journal and ourselves are devoted.

We wish however in conclusion, briefly to state that we hope hereafter to see, in the construction of Prisons, means provided for the classification of prisoners. We would have at least three distinct buildings for as many classes. One might be on the Philadelphia plan—another on the Auburn, and a third constructed for the more hopeful and reformed class, in which *schools* should be established where those of this class could associate together under the constant supervision of teachers. We believe that no harm, and much good would result from thus associating them,—it would be necessary, we think, to prepare them for society and to counteract the undue influence of the selfish feelings. But no arrangement will be of avail, if the right spirit does not exist in those who have charge of such Institutions. The spirit of kindness and sympathy, such as is seen, or ought to be seen in Lunatic Asylums, should prevail in all. In fact, we think a Physician of high character, and of ability and experience, should be the leading officer in such an establishment.

But we are full of hope on this important subject. In all civilized countries, attention is now directed to it. Abroad, the success of Captain Maconochie with the prisoners at Norfolk Island, and of "La Colonie Agricole et Penitenciere de Mettray," in France, and of similar Institutions in other parts of Europe; at home our houses of refuge, the organization of the *Prison Association of New York*, and the appointment of a committee at the last meeting of the Prison Discipline Society at Boston, to investigate the merits of the Philadelphia system, encourage us to believe that the best method of treating criminals will, before long, be ascertained and adopted.

BIBLIOGRAPHICAL NOTICES.

The continuation of the Review of Taylor and Guy is unavoidably deferred until the next number. The writer of that Review in the last number, had not seen the following notice by Prof. Lee when his manuscript was sent to the Editor :

“N. B. Those who have purchased some of the early copies of the American edition of Guy, may have observed on the top of the title-page the following significant words : ‘*The latest and best work on Forensic Medicine.*’ Now, though we are not called on to say whether this be true or not in our judgment, wishing to leave this to be decided by the impartial reader, we nevertheless owe it to ourselves to state, that the title-page aforesaid is a spurious one, with which the editor had nothing to do—not having seen it till published, and for which the original proprietor alone is responsible. The editor feels no disposition to blazon forth his performances on a title-page, nor to forestall public opinion by an imprimatur, which may possibly be reversed at the same tribunal. Editors who notice the work, should such copies be sent them, will please bear this explanation in mind—the true title of the work being prefixed to this article, and is as follows : ‘*Principles of Forensic Medicine.* By W. A. GUY, M. B., Cantab. Prof. of Forensic Medicine, King’s College, Lond. : Physician to King’s Coll. Hospital, &c. First Am. Edition, with notes and additions. By CHARLES A. LEE, M. D., &c. 8vo. pp. 711. Harper & Brothers. New York : 1845.’”

Practical Notes on Insanity. By JOHN BURDEETT STEWARD, M. D., F. R. C. of Physicians, &c. 12mo. pp. 122. London : 1845.

The author of this little work was for ten years Physician to the Droitwich Lunatic Asylum, Worcestershire,—

a small licensed house having about fifty pauper, and half as many private patients. We suppose this work contains the results of his experience at that Institution. We however discover nothing important or new in it, and are not aware that there was any call for such a book, as we scarcely know of any modern work on Insanity that does not contain more valuable information in half the number of pages. The best thing we notice in it is the following, relating to the symptoms of approaching Insanity :

“ The premonitory symptoms may be divided into two classes, viz: those evincing a predisposition to mania, and those characterizing its approach.

“ In the former class, we have, hereditary tendency—great natural timidity—a disposition to view all the occurrences of life through an exaggerated medium, leading, of course, to unwarrantable depression and equal elevation, from slight and insufficient causes—a highly sensitive or quick and delicate feeling.

“ In the second class, or those symptoms portending the approach of insanity, stands first, insomnia, or indisposition to sleep : restlessness ; unusual irritability and excitability, with angry feelings and expressions, without sufficient cause ; the abandonment of former habits ; evident inability to follow any fixed or usual pursuit : suspicion and an unfounded dread of evil : avoidance of Society ; occasional self colloquy ; a watchful, yet averted eye.

“ This combination of symptoms is not however immediate. At first, a change is noticed, in the manners and habits of the individual, which scarcely calls attention ; it is felt rather than observed, and seldom elicits—at least from the friends—further remark, than that their friend or relative is, somehow or other, very much altered lately ; but without the most distant idea of the nature of the alteration. Gradually this alteration becomes more evident ; some or all of the symptoms above enumerated are observed ; the sufferer is impatient of contradiction or control : he views every act

and word through a jaundiced medium; he suspects all around him; resists all efforts to pacify him;—daily, more and more he develops his true feelings; the caution which for a time has restrained him, gradually diminishes; he takes less and less care to conceal his opinions and impulses,—till at length, the change becoming too evident to admit of doubt, the relatives or friends interfere, the individual feels himself as it were, detected; and, confident in the truth and justice of his opinions, he no longer hides but defends them.”

MISCELLANY.

MARRIAGE OF AN EPILEPTIC—MURDER COMMITTED BY HIM
ON THE SAME DAY.

Francis Seveil, aged 20, a shoemaker, had for a number of years been subject to attacks of epilepsy. They commenced from a fall on the ice. The paroxysms, which at first were attended with only slight aberrations of reason, gradually became more serious, and were accompanied with furious mania.

He had served in the 5th light troops from 1838 to 1841, and when off duty, pursued his trade. When attacked during this period, he would seize his hammer, knife, or any instrument at hand, and brandish it in a threatening manner, thus subjecting himself to the jests of his comrades.

When discharged, he returned and determined to marry. The ceremony with his affianced was fixed for the 26th of October, 1841. On the 24th, severe pains of the head came on, and which seemed to him an indication of an approaching attack. He called on the physician, who had secretly treated him for the complaint, and asked that he might be bled—an operation from which he had always derived relief. The physician declined, on the ground that this

remedy should not be too frequently employed. On the 26th, a few hours before the marriage, he was bled by another physician, but without any diminution of the pain.

During the civil, as well as religious ceremonies of the nuptials, Sevieil was sedate and taciturn. He said nothing beyond the simple yes. On leaving the church, he was seized with most excruciating pain in the head, and this was so overpowering, that at the house of his father-in-law he was obliged to go to bed. The room in which he lay was adjoining that in which the nuptial dinner was spread. Here he was seized with a fit of furious epilepsy, and while the persons with him had run out to obtain ropes to bind him, he rushed naked into the dining room, with a shovel that he had snatched up, pursued a female, who fled from him, and knocked her down with a blow on the head. His father-in-law interposed, but he in turn with others, were chased. He then sat down on the ground before the door, grinding the pebbles with his teeth, and finally standing up with a shoemaker's knife in his hand, he burst open the door, exclaiming, that he must kill them all. The first person that he met was his father-in-law, and whom he killed on the instant.

This attack continued for three days, so that they had to confine him in a sack. On the 29th, reason returned, but he could only remember the marriage—nothing subsequent—and supposed that he had slept since that time. He was soon transferred to the Asylum at Clement, where he still remains.

Under these circumstances, the guardian of Sevieil applied to the Court, for a declaration of the nullity of the marriage, on the ground that the epileptic was not at the time in his sane mind, and could not therefore give a proper consent.

The counsel in favor of this, urged strongly the idea, that attacks of epilepsy are always preceded by gloom and taciturnity, and that the headache was a further proof that the mind was already in a diseased state.

The presumption at last was in favor of mental alienation at the moment of the ceremony.

The Court decided for the nullity of the marriage.—*Gazette Des Tribunaux*, January 7, 1845. T. R. B.

CASE OF LORD FERRERS.

Every student of the subject of Medical Jurisprudence of Insanity, is familiar with the case of Lord Ferrers. And it was therefore with no little interest that I perused the following, in a work entitled "*Literary and Miscellaneous Memoirs, by J. Cradock* : 8vo. ; London : 1826 :

"I still," says he, "retain a strong impression of the unfortunate Earl Ferrers, who with the ladies Shirley, attended Leicester Races, and visited at my father's house. During the early part of the day, his lordship preserved the character of a polite scholar and a courteous nobleman, but in the evening, he became the terror of the inhabitants, and I distinctly remember running up stairs, to hide myself, when an alarm was given, that Lord Ferrers was coming armed, with a great mob after him. He had behaved well at the ordinary ; the races were then in the afternoon, and the ladies regularly attended the balls. My father's house was situated midway between Lord Ferrers' lodgings and the town hall, where the race assemblies were then held ; he had, as was supposed, obtained liquor privately, and then became outrageous ; for from our house, he suddenly escaped and proceeded to the town hall, and after many most violent acts, threw a large silver tankard of scalding negus among the ladies : he was then secured for that evening ; this was the last time of his appearing at Leicester, till brought from Ashly de la Touch to prison there. It has been much regretted by his friends, that as Lady Ferrers and some of his property had been taken from him, no greater precaution had been used with respect to his own safety, as well as that of all around him. Whilst sober, my father, who had a real regard for him, always urged, that he was quite man-

ageable, and when his sisters ventured to come with him to the races, they had an absolute reliance on his good intentions and promises. Let this recollection be compared with all that passed previous to the last horrid catastrophe."

T. R. B.

INSANITY IN CANADA.

According to the Census Returns, the number of the Insane and Idiotic in Canada is greater in proportion to the population than in the United States.

The total population of the United States is 17,069,453 and the number of the Insane and Idiotic is 17,457 or 1 to 977. The population of United Canada is 1,199,604 the number of Insane and Idiotic is 2,376 or 1 to 504.

We subjoin the following particulars respecting the Insane and Idiotic in Canada taken from the Census :

Lower Canada, population, 693,549.

	MALES.	FEMALES.	TOTAL.
Idiots,	178	172	950
Lunatics,	156	152	308

Upper Canada, pop. 506,055.

Idiots,	221	178	399
Lunatics,	241	478	719

The foregoing is from the the May number of that excellent Journal, "The British and American Journal of the Medical and the Physical Sciences." We notice that the number of the Idiotic in Lower Canada is three times greater than the Insane, while in Upper Canada the number of Insane far exceed the idiotic. How is this to be explained? By the different origin of the population? The Inhabitants of Lower Canada are nearly all of French origin—those of Upper Canada, British.

The insane of Canada are at present very poorly provided for. According to the Montreal Medical Gazette there does not exist a single Lunatic Asylum in Canada; the receptacles for them do not deserve the title of Asylums.

We are pleased to be able to add that one is now building at the expense of the Government at Toronto.

Nova Scotia is also destitute of an Asylum for the Insane, but Government Commissioners have recently visited the United States for the purpose of examining Asylums preparatory to building one at Halifax.

INSANITY FROM HUNGER, FEAR AND SUFFERING.

In Captain Fremont's interesting narrative of the second exploring expedition to Oregon, we find the following: "On the 1st of March one of the men named Derosier who had volunteered to bring up Capt. Fremont's horse, had not come back to the camp and uneasiness was felt at his absence. He however made his appearance in the evening. He came in, and sitting down by the fire, began to tell us where he had been. He imagined he had been gone several days, and thought we were still at the camp, where he had left us, and we were pained to see that his mind was deranged. It appeared that he had been lost in the mountain, and hunger and fatigue, joined to weakness of body and fear of perishing in the mountains, had crazed him. The times were severe, when stout men lost their minds from extremity of suffering. The fate of this poor fellow was a melancholy one. On the 23d of March he wandered away, and has not since been heard of."

GRUNDRISS DER SEELENKUNDE: VON DR. K. W. IDELER.

Elementary outline of the Treatment of Insanity by Dr. Ideler, Directing Physician of the department for the Insane at the Hospital Charite, &c., Berlin.

Is there not among the younger members of the Medical Profession some one who will translate the above valuable work? In it the author has embodied a system of Psychology deserving of consideration by all those who are engaged in studying the operation of the mind either in its diseased or healthy state. We agree with Dubois d'Ami-

ens in his recent statement at the French Academy of Medicine, "that the study of mental alienation cannot without inconvenience be separated from psychology," and therefore hope to see works like the above attracting attention.

NOTICES OF INSANITY IN LATE MISCELLANEOUS WORKS.

The "Englishwoman in Egypt," by Mrs. Poole, vol 1, contains an interesting description of the Hospital for the Insane at Cairo, Egypt. In "Letters from Italy," by J. T. Headley, is an account of his visit to the Lunatic Asylum at Genoa. In part second of the "Crescent and the Cross," is an account of an attack of mania produced by attempting to mesmerize a person. The "London Quarterly Review," for Oct. 1844, contains an able Review of the Report of the Metropolitan Commissioners in Lunacy; and in the Westminster Review for March, 1845, is another, written by a gentleman at the head of a large establishment for the Insane in England. In it will be found many valuable suggestions.

NEW WORKS ON INSANITY.

Recently published at Paris, "Du Hachisch et du L'Alienation Mentale, Etudes Psychologiques," Par J. Moreau (de Tours) *Medicine de l'Hospice de Bicetre*.

Dr. Thurnam, Resident Medical Officer at the Retreat, near York, England, has in press "Observations and Essays on the Statistics of Insanity."

Dr. John M. Galt, Superintendent of the Eastern Asylum for the Insane, Williamsburg, Va., is about publishing a work on Insanity. It is now printing in New York.

Dr. GEORGE CHANDLER has resigned the situation of Superintendent of the New Hampshire Asylum for the Insane.

JAMES H. TUCKER, member of the Committee of the York Retreat, England, came out in the Great Western, and is visiting the Lunatic Asylums in the United States.

EXCHANGES.

We receive in exchange most of the Medical Journals of this country, and also several literary works and valuable newspapers, for which we feel thankful. In our next we shall endeavor to afford room to particularize all. One good result from the establishment of our Journal is much interesting reading for our patients obtained from our exchanges. Thus the *Kniekerboeker Magazine*, the *Columbian Magazine*, *Biblical Repository*, *Missionary Herald*, *Southern Quarterly Review*, do us great good in this respect. The *Southern Quarterly Review* is of a very high order, and we hope to see its circulation extended in the Northern States. Like remarks apply to the *Southern Literary Messenger*, which we also receive. The general circulation of periodicals of this class published in the different sections of the country, tend to dissipate error and prejudice, and to cement the bonds of union and peace. The high character of the Northern Journals is well known in this region, where they have an extensive circulation.

NOTICE TO EUROPEAN CORRESPONDENTS.

We beg the attention of all those who wish to transmit packages to us from Europe, to the fact, that they can best do so through Wiley & Putnam, New York, and 6 Waterloo Place, London. We now receive Medical Journals, &c., from Europe irregularly and in various ways, but if sent as above requested, they will come safely and regularly, and without much expense.

AMERICAN
JOURNAL OF INSANITY,
FOR JANUARY, 1846.

ARTICLE I.

PHYSIOLOGY OF THE BRAIN: BY C. B. COVENTRY, M. D.* PROF.
OF MIDWIFERY AND MEDICAL JURISPRUDENCE IN THE MED-
ICAL INSTITUTION OF GENEVA COLLEGE, N. Y.

To an observing and enquiring mind few subjects can be presented of more interest than the structure and formation of the human system; none which more immediately concerns the temporal well being and happiness of man. It certainly seems an anomaly in our systems of education, that we spend years in visionary speculation, whilst a knowledge of our own organization, the noblest and most interesting of our Creator's works, is almost entirely neglected or abandoned to a particular profession. In beauty and symmetry, in the perfect adaptation of parts to the various functions which they were intended to perform; in evidences of design, and of infinite wisdom, the human frame is not surpassed by any created work. God, in his wisdom has established certain principles and laws for the guidance of man, and has endowed him with reason and capacity, to enable him to investigate and comprehend them. Thus a certain stick of timber, or a certain rod of iron, will sustain only a

* This article is the substance of a lecture delivered before the Young Men's Association, in the city of Utica: consequently is intended for popular, and not for professional readers.

given weight, if more is added it will break whatever may be the consequence. When applied to inanimate objects these are termed physical laws. The absolute necessity of obeying the physical laws of creation is self evident and universally admitted, but animated beings have likewise their laws which must be obeyed in order to the preservation of life and the perpetuation of the species.

In the animal creation are implanted certain feelings or propensities, which impel them to the performance of certain acts, or in other words, to obey the physiological laws, without the power of reasoning or choosing; this is called instinct. To man alone is given the higher power of reason, the power of choosing between good and evil, but this power of judging is not instinctive, the child does not know until taught, that fire will burn; it is true the sensation of hunger produces a desire for food, but the kind of food best adapted to appease hunger and nourish the system is a matter of knowledge and experience, and not of instinct. The violation of some of the physiological laws is immediately fatal to life. Thus if man for even a short time is prevented from breathing, he dies; if food is not taken he survives but a short time. A partial violation of some of the laws may exist without being immediately fatal. Thus though no one can survive for a length of time without breathing, yet he may breathe an atmosphere more or less impure and still survive. Though he cannot live without food, yet he may subsist on food which but imperfectly nourishes the system. In both these cases and in all violations of the physiological laws, though immediate death may not be the consequence, they are never violated with impunity. Impaired health, feebleness, and deficient tone and vigor of the system, are inevitable. If then it is true that the Almighty has established certain physiological laws, the obeying of which is essential to our life our health and happiness: if it is true that he has given us no instinctive knowledge of these laws, but on the contrary has given man powers of reason and investigation, so that by searching he can find them out; if then, things

be so, should we not expect as reasonable beings that the first great object of education would be, the examination and investigation of those laws.

Perfect health can only be preserved whilst every function is properly performed; and yet, man is surrounded by numberless agents which tend to destroy that play of affinity, and disturb that harmony so essential to health. Well may we exclaim, "strange that a harp of thousand strings should keep in tune so long," and stranger still that the possessor of so delicate, so interesting and so important an instrument should remain in voluntary ignorance of its structure and its use. It was not however my design at this time to urge the importance of a knowledge of human physiology, but briefly to examine the modes of investigating the function of a single organ, and then apply them to one of the many in the complicated machine.

In scientific investigation two modes of reasoning are used, one by comparison, the other by induction: by the first we arrive at presumptive evidence, by the latter at positive proof, at facts which cannot be controverted by any sophistry of argument or ingenuity of reasoning. For instance if we find an unknown animal having an organ very nearly or perfectly (to outward appearance) resembling the eyes of other animals (though the animal were dead) we would conclude, reasoning from analogy, that it was an organ of vision. However satisfied we might be that such was the fact, still the evidence would be only presumptive, and could never amount to absolute certainty. If the animal was living and we saw that the organ in question was used for vision, that when it was destroyed all power of seeing ceased, when it was injured or diseased vision was impaired, when it was restored to health vision was also restored: we would say unhesitatingly, we know it is an eye: this is reasoning by induction: we shall have occasion to resort to both in the course of our investigations.

We have already observed that in our physiological investigations we find at every step evidence of the most per

fect wisdom and design. Whilst on one hand nothing is wanting for the performance of the destined function, on the other nothing is superfluous or made in vain. If therefore we find in the animal economy an organ, we infer that it might have been created for some useful purpose. Is it delicate and complicated in its structure, is it carefully guarded and protected from injury, and lastly, is it abundantly supplied with blood; we infer that its importance must bear some proportion to its delicacy, and the care with which it is protected.

If the function and use of almost every other organ was known, but there remained one whose use was not known, and an important function which it was known was not performed by any other organ; we would naturally infer that it was performed by the organ in question. Suppose that the function was never known to be performed in the absence of this organ, that destruction of the organ always destroyed the function; that derangement of the organ produced derangement of function, and whenever the organ was restored to a healthy state the function was likewise restored, and lastly, suppose the perfection of the function was found to be in a direct ratio to the perfection of the organ, we then say unhesitatingly such is its function and such the purpose for which it was designed.

A careful examination of the human system teaches us that one of the laws of the animal economy is, that every separate function is performed by the agency of separate material instruments. Are the impressions of light and colours to be conveyed to the mind, the eye, an optical instrument, is used for the purpose. Are the dulcet strains of music to enliven the spirits, they can only be transmitted through the medium of the ear. The perfumes of Arabia can only be appreciated by the agency of the appropriate organ, and the gourmand can only gratify his appetite through his mouth. Let it be observed that each of these organs perform but one function. Again, although the eye is exclusively an organ of vision, to perform this function to the greatest advantage,

it was necessary that it should have the power of motion, we find therefore that it is supplied with muscles to move it, and a nerve of motion; to protect it from injury, it was necessary that it should be furnished with ordinary sensation in addition to the power of vision, and we find accordingly a nerve of sensation. From the known uniformity of this law viz. that each function was performed by a separate organ, it was long supposed that the nerves going to the extremities, enclosed in the same sheath, and apparently identical in structure, must be different; from the fact that different functions viz. sensation and motion, were apparently performed by the same nerve. This is now demonstrated and they are proved to be as distinct in their origin as in their functions. When therefore we find distinct functions performed, some of which may be present, others absent, some of which may be diseased and others remain healthy, some destroyed and others remain perfect, we say they are and must be performed by different organs, though the scalpel of the anatomist may not be able to demonstrate the line of demarcation.

It is a law of nature, not confined to man or animals, but universal in its application that, "*ceteris paribus*," strength or power is proportioned to size. This law is so universal and so instinctively admitted, that, in common language, we sometimes substitute the word powerful for large, as we say a powerful horse. If we see a man with large muscles we believe him to be a strong or powerful man, unless we know of some circumstance making the case an exception to the general rule. Let it be observed that we are only speaking of certain laws which an all-wise Creator has established for the government of material instruments in the performance of those functions, for which they were designed. The great first cause, the moving spirit of the whole is beyond the scope of physiological investigation, and is only revealed to man through the works and the written word of God, which must ever be in harmony with each other.

Let us now apply these principles to the human brain.

What is usually termed brain is in fact only a part of the great nervous system, an expansion as it were of the upper extremity of the spinal cord. On its external surface the brain appears to be covered with numerous convolutions, the size and number of which is proportioned to the size of the brain. By a slow and gradual distention from within, the brain is expanded, the convolutions effaced, and the brain has the appearance of a fibrous membrane not exceeding half an inch in thickness. This can only happen where water has very slowly accumulated in the interior of the brain. The brain is the most delicate of all the organs, differing at different ages and under different circumstances from a fluid state to one of considerable firmness.

From the extreme delicacy of the brain it would be particularly exposed to aggressive injuries from without, and hence a necessity of its being carefully guarded. We find therefore that it is completely enclosed in a case of bone, and this so shaped and constructed as in the most effectual manner possible to resist external injuries, and at the same time to admit of the gradual increase and growth of the brain within. This box of bone is formed of separate parts or pieces so nicely adjusted and united as scarcely to have the appearance of union, each piece is made of two layers termed the external and internal tables, the whole secured by a very firm strong fibrous membrane lining the whole interior, another the pericranium covering the external surface, and above this, the cellular substance, in some parts muscular fibres, the skin, and lastly the hair. In addition to this protection the brain is immediately covered by two very thin and delicate membranes, the Pia-mater and Tunica arachnoides. Lastly the brain is abundantly supplied with blood, it being estimated that about one eighth of the whole circulation goes to the brain.

We would now ask of what use is the human brain? What are the functions which it was intended to perform in the animal economy?

This organ so voluminous, so delicate in its structure, pro-

ted with so much care, and so abundantly supplied with nutriment, was surely intended for the performance of some important function. We will answer in the language of a writer in the *Edinburgh Review*, "On resorting to observation we find that in precise proportion as we ascend in the scale, and the animal acquires a sense, a power or an instinct, do its nerves multiply and its *brain* improve in structure, and augment in volume, each addition being marked by some addition or amplification of the powers of the animal, until in man we behold it possessing some parts of which animals are destitute, and wanting none which they possess, so that we are able to associate every faculty which gives superiority, with some addition to its nervous mass even from the smallest indications of sensation and will, up to the highest degree of sensibility, judgment, and expression." Compress the brain, and every mental manifestation instantly ceases, remove the pressure, and it returns. This is illustrated in apoplexy and in many cases where from disease or destruction of a portion of the skull the brain has been exposed. In such cases it was found that by pressure upon the brain, conversation was arrested in the midst of a sentence, and when the pressure was removed it was resumed at the same point. In a case related by Sir Astly Cooper, consciousness which had been suspended for several months was restored by removing a portion of the skull which pressed upon the brain. In other cases where the spinal cord has been injured and the whole body become paralytic, the intellectual faculties remain perfect. In order that an organ should perform its proper function, it is necessary that it should be supplied with a due amount of blood. Stop the flow of blood to the head and what is the result? All have witnessed the effect in cases of fainting; restore the circulation and consciousness returns.

In inflammation of the brain the intellectual and moral manifestations are deranged; restore the brain to a healthy condition and the patient becomes rational.

Careful and recent investigation has demonstrated that in

almost if not every case of death from insanity, the brain presents evident traces of disease. If then intellectual and moral manifestations are never found without a brain, if they are destroyed by destruction of the brain, or when its function is destroyed by pressure, and restored when this pressure is removed, and lastly if the perfection of their manifestations in the different races of animals is proportioned to the size and perfection of this organ, is it not an evident proposition that the brain is the material instrument by which all intellectual and moral powers are made manifest.

Does the brain perform its functions as a unit, or are separate functions performed by separate and distinct parts? If it is true that the brain performs its function as a unit, then it invalidates the great law of nature that separate functions are performed by separate organs. It would also follow as a necessary corollary that all the mental and moral faculties must be developed at the same time and in the same proportion, that men could differ only in the degree and not in the character of their mental manifestations, and that one faculty of the mind could not be cultivated without the cultivation of all the others. Is this in accordance with fact and with nature? If the brain in the performance of its functions acted as a single organ, then were one function destroyed, the whole must be; such a thing as monomania would be impossible, for an organ cannot be diseased and sound at the same time. Pathology is abundant in its proofs of a plurality of cerebral organs. Thus we have partial idiocy, and injuries of the brain which affect only some of the mental faculties, leaving others uninjured, all at variance with the idea of the brain being a single organ. The phenomena of dreams are totally inexplicable upon any other theory than that of a plurality of organs. Indeed when we reflect upon the great diversity of character, of feeling, and of intellect, presented by different individuals, the multiplied instances of monomania or insanity upon a single subject, and the phenomena of dreams; it seems surprising that it should ever have been imagined that all these varied functions were performed by

one and the same organ. Is the brain an exception to the universal law of nature that, "*ceteris paribus*," power is in proportion to size? * this has been admitted by philosophers of all ages, and never, so far as we can learn, was there an attempt to controvert it until recently. Erastratus, Pliny, and Galen, among the ancients, together with many more modern writers, believed that superiority of intellect depended upon the absolute size of the brain. It was however discovered, that the whale and elephant had larger brains than man, that the dog and monkey have smaller brains than the horse and ox, though superior in intellect; here we find the principle of size admitted, but it errs from considering the brain as one, and not as a congeries of organs. Other physiologists adopted a different principle; they proposed to measure the intellect, by comparing the proportion which the brain bears to the whole body, and here, general, but not individual results, are in accordance with the proportion, for though the brain of the elephant is actually larger than that of man, it is in proportion to the body, much smaller. Unfortunately for this theory, Blumenbach, Cuvier, and others soon discovered that the canary bird, and some species of monkeys, had brains much larger in proportion to their bodies, than man.

Soemering and others, supposed they had found another rule, still in accordance with size, and this was, by comparing the absolute size of the brain, with the volume of the nerves. The celebrated facial angle of Prof. Camper, was formed by drawing a line, from the opening of the ear, to the teeth of the upper jaw, and from the same point, to the upper part of the forehead. Dr. C. supposed, that the more nearly this angle approached a right angle, or in other words,

* A great error prevails in the minds of many, and has been encouraged by those opposed to this physiology of the brain, in supposing its advocates would apply it in comparing one head with another. This would be a violation of the very principle of *ceteris paribus*, for no two brains are situated exactly alike as to nourishment, discipline, exercise, &c. It therefore only applies in comparing one part with another of the same brain.

the greater the projection of the forehead, the greater the degree of intelligence, and vice versa.

The rule of Camper, though generally correct, was open to many objections. The projection, or non projection of the jaw, modified the angle, and it made no provision for measuring, either the height or breadth of the forehead, or for taking into consideration, other parts of the brain; or for the difference in the activity and energy of different brains. It will be observed, that in all these cases, the brain was not only admitted to be the organ of the intellectual faculties, but that size, was always considered as the criterion of power. Let us substitute the view presented, that the brain is in fact an assemblage of many organs, any one of which, may be proportionally larger or smaller, and all difficulty vanishes.

Cuvier, who was probably the greatest comparative anatomist that ever lived, says: "comparative anatomy offers another confirmation of the constant proportion of the development of the lobes, with the degree of intelligence of the animal. Some of the lower orders of animals have indeed, individual parts of the brain more highly developed than man, and they have individual senses, and individual instincts, more powerful to correspond to these parts, but no animal has a brain consisting of so many parts and so fully and perfectly developed, and it is well known that he towers far above the animal creation, in the powers of intellect, sentiment, and feeling."

It is admitted by all physiologists, that the brain is the seat, not only of general sensation, but of the special senses, of sight, hearing, smell, and taste. Separate the eye from its connection with the brain, and all power of seeing ceases, and so of the other organs of sense. It can scarcely be doubted, that these powers of seeing, hearing, feeling, of moving &c., are connected with particular parts of the brain. Consequently, those portions of the brain may be large, whilst the intellect may be deficient. We have then endeavored to establish the following propositions:

1. That the mind in this life, is only manifested, through the agency of a material instrument, and that instrument, the brain.

2. That the brain is not a single organ, but an assemblage of as many distinct organs, as there are separate and distinct moral and intellectual faculties.

3. That the power of manifesting each faculty, has a constant and uniform relation, all other things being equal, to the size of the organ, or part of the brain with which it is connected.

We need scarcely add, that the brain, being a part of the general system, must necessarily be subject to the same physiological laws, which govern other parts.

1. That in order to the healthy and perfect performance of its functions, it must be supplied with a due amount of healthy blood, if digestion is imperfectly performed, and the blood thereby rendered defective or impure, the functions of the brain will be defective, or imperfect.

2. That alternate exercise and rest are absolutely necessary to preserve it in a sound state, and that any one, or all the organs of the brain may be enervated from want of use, or exhausted from over exertion.

Let us briefly examine some of the objections which have been made to this view of the physiology of the brain. It has been charged with leading to materialism. If by materialism, is meant that the mind in this life is only manifested through the agency of material instruments, and that the perfection of its manifestation is in precise proportion to the perfection of the instrument, then we say, it is a materialism which has been taught by philosophers of all ages, a materialism in perfect accordance with revealed religion, as well as with the common observation of mankind. If by materialism is meant that the brain performs its functions independent of any superior or presiding influence, we reply that this view, does not countenance any such doctrine. Can it be pretended that the mind can in this life manifest itself independent of the body? If it is mani-

tested through the body, why not through the brain as part of the body, and why not separate faculties through separate parts of the brain. We suppose that the mind thinks through the medium of the brain, as it sees by means of the eye, or hears by means of the ear: of itself, the eye possesses no power of vision, separate its connection with the brain by means of the optic nerve, and all power of vision is destroyed. If, however, we wish to improve the power of vision, we cultivate the eye. As changes in, or disease of the eye destroys vision, but not the principle of vision, so disease of the brain destroys or deranges the power of thought and feeling, but not the mind itself. If we refuse to admit of this explanation of the influence of organization, and contend that the varied mental manifestations are owing to the immaterial spirit without any bodily cause! then we must believe that the mind is excited by wine, is put to sleep by a few grains of opium, and destroyed by a blow upon the head, that the mind is feeble in infancy, vigorous in manhood, and imbecile in old age, that the mind is delirious in inflammation of the brain! but where shall we stop? if the mind may be feeble or strong, deranged or diseased, subject to all the changes and accidents of the body, then certainly, no argument could be drawn from analogy in favor of its immortality. What says the physiologist? That these are no more evidences of derangement of the immaterial mind, than obscurity of vision is of derangement of the light, and he proves it in the same manner; in the one case, he points to the instrument of vision, he shows the disease, he removes the disease, and vision returns. In the other, he points to the instrument of thought and feeling, he exhibits the disease, he removes the disease, and thought and feeling return; the evidence is the same in both cases, and if any reliance can be placed upon the evidence of our senses in both is conclusive. But it is said, that if a man's intellectual and moral capacity depends upon his organization, he is not a free agent. If it is true that men are created with different capacities and propensities, how does it affect his responsi-

bility, whether or not this difference is connected with a difference in the form of the size, shape, and structure of the brain. We find, however, to man and to man alone is given the power of knowing good from evil, a power of judging and acting contrary to his feeling and his animal propensities, it is this power which elevates him far above the animal creation. Destroy this power and you degrade him to the condition of an idiot, a condition in which he is not either by human or Divine law considered responsible for his conduct: no government punishes crime in an individual so deficient in intellect as not to be able to distinguish right from wrong. An objection has been made to the doctrine that strength or power, other things being equal, was in proportion to size, and an appeal has been made to the external senses to prove its fallacy. The appeal was an unfortunate one. It would not be difficult to prove that a convex line of two inches in diameter would receive and transmit more rays of light than one of an inch, but nature has illustrated this principle by a most beautiful apparatus, adapted expressly to regulate the number of rays entering the eye. The eye is composed of several parts; when the extent of vision is increased, it is effected by increasing the size of the cornea or convex portion of the anterior part of the ball of the eye; when intensity is required, by increasing the size of the optic nerve; thus the optic nerve of the eagle exceeds that of man. When hearing becomes defective, how do we endeavor to remedy the difficulty? by increasing the size of the outer ear by means of a trumpet, so as to concentrate a greater number of aerial vibrations.

Vague and indistinct notions were long entertained as to the instrumentality of the brain in mental operation, this is well illustrated by the following quotation from Burton's *Anatomy of Melancholy*. it is from the original writings of Marrilius Ficinus. "Other men look to their tools: a painter will wash his pencils, a smith will look well to his anvil, hammers and forge, an husbandman will mend his plough iron, and grind his hatchet if it be dull, a falconer or

hunter will have an especial care of his hawks, hounds, horses, and dogs, a musician will string and unstring his lute. Only scholars neglect that instrument (their brain and spirit I mean,) which they daily use, and by which they range over all the world, and which by much study is consumed. This (he says,) dries the brain, extinguishes natural heat, and whilst the spirits are intent on meditation above, in the head, the stomach and liver, are left destitute, and thence comes black blood, crudities and melancholy, so that sedentary and diligent men are most part lean, dry, ill-colored, spend their fortunes, lose their wits, and often their lives also, and all through immoderate pains and extraordinary studies."

We may smile at his physiology, but so far as he represents the effects of intense application of the mind and sedentary habits, he is undoubtedly correct, and shows the close observer of nature. The following taken from a recent number of the *London Quarterly Review*, exhibits the modern view of the same subject; speaking of the education of Lord Dudley, the writer observes: "The irritable susceptibility of the brain was stimulated at the expense of bodily power and health. His foolish teachers took a pride in his precocious progress which they ought to have kept back. They watered the forced plant with the blood of life. They encouraged the violation of nature's laws, which are not to be broken in vain. They infringed the condition of conjoint moral and physical existence. They imprisoned him in a vicious circle where the overworked brain injured the stomach, which reacted to the injury of the brain. They watched the slightest deviation from the rules of logic, and neglected those of dietetics to which the former are a farce. They taught him no exercises but those of Latin—they gave him a *Gradus* instead of a cricket bat, and his mind became too keen for its mortal coil, and the foundation was laid for ill health, derangement of stomach, moral pusillanimity, irresolution, lowness of spirits, and all the protean miseries of nervous disorders by which his after life was haunted."

The picture drawn of Lord Dudley's education has its counterpart in every day's experience. The folly of his teacher is that of the present system of education. The over wrought and over stimulated intellect, is literally nourished with the blood of life. The brain is inordinately excited at the expense of every other part of the system, and life or permanent ill health is too often the penalty paid for this violation of nature's laws.

ARTICLE II.

EXTRACTS FROM THE EULOGY UPON PINEL, READ BEFORE THE
ROYAL ACADEMY OF MEDICINE, AT PARIS, AUG. 28, 1828,
by M. PARISET, PERPETUAL SECRETARY.

Translated from the French, by M. M. BAGG, M. D.

Philip Pinel was born the 11th of April, 1745, at St. Paul, a village not far from the city of Castres, and at present comprised within the Department of Tarn. His father practised medicine and surgery. His mother was a model of piety. They had a numerous family, and a very moderate fortune. They at first sent their son to the College of Lavaur. It was there that Pinel pursued his earlier studies, and as he was destined for the church, he repaired to the schools of Toulouse. He here followed a course of philosophy under a professor who rendered him expert in mathematics. He wished to apply himself to Theology, but his destiny called him elsewhere. In accordance with the advice of his father, he quitted the University, and freed himself from all dependance by giving lessons upon Calculus and Philosophy; became a candidate for the floral games, and carried off the prize; took at his own expense, all his degrees in medicine; was during several years chosen as his adjunct by one of the professors, and finally

after having satisfactorily undergone the necessary proofs, he was upon the 22d of Dec. 1773, honored with the title of Doctor.

Pinel was then in his twenty-ninth year, and his situation was by no means a brilliant one. He had lost his father, and could expect nothing from his family. The inconsiderable gains of teaching hardly rendered the present tolerable, and made him dread the future. The hope of better fortune, and more especially the desire of increasing his knowledge induced him to undertake a journey to Montpellier. He went there in 1775. The school of that celebrated city was then in all its glory. The talents of Vigaroux of Chaptal and of Fouquet, cast upon Montpellier a brilliancy which was reflected over Europe, and eclipsed all the schools of the civilized world. Pinel had scarcely taken refuge in this new Cos, when he found there an Asylum and friends. He was received into the house of M. Benezech, where he had for his pupil, a young man, who has since become one of the most skillful officers of the Engineers. The leisure left him from the cares of instruction, Pinel employed in improving his medical knowledge, in following courses of chemistry, and natural history, in fortifying himself in the Greek and English languages, and in composing theses for young students. These compositions, written with elegance and finish, passed for master-pieces of latinity.

Allured by the beautiful work of Borelli upon the movements of animals, he made a profound study of it, in order to apply its principles more directly to the movements executed by man. The result of his labor, comprised two parts: the one was communicated to the Royal Society of Montpellier, the other, not finished until after the lapse of some years, was reserved for the Academy of Sciences at Paris.

In spite of his natural modesty amounting even to timidity, and though he had reason to be pleased with Montpellier, a secret consciousness of his strength warned Pinel that he was worthy to figure upon a greater theatre. He

had his eyes turned toward the capital, and in the year 1778 he repaired thither. He had happily the same resource as Boerhaave, geometry. He accepted as pupils two aspirants for the artillery and the engineers. The price he received from them sufficed for his necessities, and time was left him for labors of a different kind. In proportion as his relations extended, he saw multiply opportunities of profiting by all his intellectual riches. He wrote for the *Journal de Paris* various articles upon medicine, natural science, moral philosophy, and economy. The *Gazette de Sante* was entrusted to him, and during several years the work prospered in his hands. An abridgment of all the transactions given to the world by the learned bodies of Europe had been published in England. A translation appeared in France, between the years 1789, and 1791. Of the fourteen volumes of which it is composed, the laborious Pinel translated three, and assisted in the preparation of a fourth.

Thus divided among so many different pursuits, satisfied with the present, full of security, we might, perhaps, say of carelessness for the future, he did not think of securing himself a practice; and though he followed the hospitals, he refused opportunities of seeing and treating the sick. He had, however, in 1785, the unhappiness to lose a young man whom he cherished, and whom persevering study and an excessive temperance had deprived of reason. This unfortunate youth, after his return to his family, had become furious. One evening he escaped from his father's house, and plunged into the neighboring forests, where he was destroyed by wolves. The following day, naught was found of him, but some torn fragments, and near them a copy of *Phedra*, covered with blood. Pinel was singularly struck with so cruel a catastrophe. It is probable that it was this event which first turned his thoughts toward the study of a class of diseases so peculiar, so frightful, and till then so imperfectly known. Indeed, about this time, a house was established for the treatment of the insane. The first patient received into it,

was placed there by Pinel, and it is there, as it would seem, that he made the first trial of those innovations which will render his name for ever dear to posterity. To constraint, to the tortures almost universally employed against the pitiful raving which characterizes extreme madness, he substituted procedures in which justice was tempered with kindness. He left to the peaceable all the freedom of their natural liberty; he used force only to quell dangerous violence, but he used it with so much moderation, that the reason of the patient, instead of becoming offended, yielded to it as of its own accord. For happily, in the midst of the wildest tumults of the soul, the sentiment of equity never dies. It is a good spirit which the physician ought always to cherish in the heart of the patient, and which, sooner or later, will open the place to him.

Six years of success had consecrated this practice, more medical even than it is humane, when in 1792, the Royal Society of Medicine proposed a prize upon the following question, "To point out the most effectual means of treating patients whose mind has become disordered, prior to the period of old age." Pinel entered the list. His production bore this motto, borrowed from Celsus,—"*Gerere se pro cujusque natura necessarium.*" a profound maxim, and applicable to all diseases, but especially to insanity. Whether his labor was rewarded with the prize, the Memoirs of the Academy, interrupted as they were, by political events, do not inform us. Pinel soon, however, received a prize more worthy of him, one which redounded to the glory of science, and the good of mankind. Thouret was a member of the Royal Society. He made one of the committee which had examined the memoir of Pinel, and he conceived a high esteem for the talents and the character of the Author. The progress of affairs brought Cousin, Thouret and Cabanis to the head of the Hospitals. In spite of the reforms attempted under the most humane of all kings, the Hospitals of the Capital were still in a deplorable state of barbarity. The one which presented the most revolting aspect, was the

institution of Bicetre. Vice, crime, misfortune, infirmity, diseases the most disgusting, and the most unlike, were there confounded under one common service. The buildings were uninhabitable. Men covered with filth, cowered in cells of stone, narrow, cold, damp, without air or light, and furnished solely with a straw bed, that was rarely renewed, and which soon became infectious; frightful dens where we should scruple to lodge the vilest animals. The insane thrown into these receptacles, were at the mercy of their attendants, and these attendants were convicts from prison. The unhappy patients were loaded with chains, and bound like galley slaves. Thus delivered, defenceless, to the wickedness of their guardians, they served as the butts for insulting raillery, or as the subjects of a brutality so much the more blind as it was the more gratuitous. The injustice of such cruel treatment transported them with indignation; whilst despair and rage, finishing the work with their troubled reason, tore from them by day and night cries and howlings, that rendered yet more frightful the clanking of their irons. Some among them more patient or more crafty than the rest, showed themselves insensible to so many outrages; but they concealed their resentment, only to gratify it the more fully. They watched narrowly the movements of their tormentors, and surprising them in an embarrassing attitude, they dealt them blows with their chains upon the head or the stomach, and felled them dead at their feet. Thus was there ferocity on the one hand, murder on the other. This atrocious course once commenced, how could it be arrested? and what could be expected for the amelioration of mental disease from such abominable reciprocities?

The three administrators groaned over this compound of disgrace and misfortune. All three were friends of Pinel, and all concurred in the opinion that he was the only man in Paris, and even in France, who could remedy so many evils. They appointed him Physician of the Hospital of Bicetre. He entered upon his duties the latter part of May 1792, and with him entered pity, respect, discretion, justice;

nodes of treatment, or rather virtues, whose soft control he had recognized even over madmen, the most ungovernable. The face of things changed entirely, though by insensible transitions, for great changes, even though for the better, should not be dangerous. There was at Bicetre, a man whose instinct had in some sort made him the precursor of Pinel; a man of little cultivation, but of sound sense, of acute perceptions, and with a heart that was tender and sympathizing, spite his natural severity; Pussin, who braving all apprehension and clamor, had dared to remove their irons from some of the patients. This first experiment had been happy; the rest was accomplished under the enlightened direction of Pinel. The inmates, no longer disfigured by traits of exasperation, anger, fear or terror which bad treatment had impressed upon them, regained their natural physiognomy, and from that time, allowed this wise physician to observe them with order, and to sketch faithful likenesses. After two years stay, which were years of kindness to Bicetre, Pinel was called to carry into a second hospital the happy revolution he had brought about in the first. I refer to Salpetriere, where reigned the same abuses. There were received here only such as had undergone treatment at Hotel Dieu; the common and imperfect treatment which rendered the state of the patients more difficult and dangerous. To restrain their fury, they were crushed under the same rigors, or rather they were irritated by the same sorts of violence. Sometimes enchained naked, in the almost subterranean cells, worse than dungeons, they had their feet gnawed by rats, or frozen by the winter's cold. Thus injured on all sides, their embittered hearts breathed only vengeance, and intoxicated with hatred, like the bacchantes, they burned to tear in pieces their attendants, or to destroy themselves before them. Who will recount the thousand obstacles which sprang up before Pinel? Though he had experience on his side, the practice he wished to destroy, gained credit so as to perpetuate the mischief itself had created; for it is thus, says Montesquieu, that cruelty reasons.

However, the administration at length comprehended that the treatment of the insane requires more than any other, a great unity of design, as much as it does a variety in the means. It was taken from Hotel Dieu, to be entrusted to the hands of Pinel, and thenceforth, seconded by the auxiliary of his choice, the faithful Pussin, dispelling as empty shadows, the opposition of habit, and the lies of interest. Pinel succeeded in substituting order for confusion, rule for caprice, and the holy duties of humanity for the shameful excesses of barbarism. That spirit of reform has been maintained to the present moment; happy legacy preserved by Esquirol, and followed out by an administration, which has extended it to the minutest of details. To this we owe it, that Salpêtrière has now taken a place in the first rank among the Asylums consecrated to misfortune.

But it is science which has especially profited thereby. The diseases better classed, were there as at Bicêtre, better observed, better understood, better described.

After having furnished to learned Societies several sketches, Pinel published in 1801, the result of his laborious studies, and this first work, rearranged and improved by the author, again appeared in 1809, under the following title. — “*Traité medico-philosophique sur l’alienation mentale.*” This work succeeding to another of a more elevated character, (his *Nosographie philosophique*.) effectually stamped the celebrity of Pinel. In truth, this memoir upon alienation, bears most evidently the impress of originality. He here penetrates more profoundly than his predecessors had done into the intimate nature of acute mania. He teaches us to consider it as an act of the living principle, which must change the organization; an act which art may retard, disturb or pervert by a rash medication, but whose energy we should be contented to moderate, in order that mania may take its natural development, and progress freely to its close. Accidents from remedies or spontaneous obstacles, too often precipitate it towards unhappy issues, which, having disconcerted the primitive plan, now cause its reappearance under

the same form, now change its nature, and perpetuate it under a character new and forever unalterable. The different forms that insanity assumes, Pinel refers to four principal ones, Mania, Melancholy, Dementia, and Idiocy. This distribution is vast; it comprehends, doubtless, the great majority of cases; but it is not sufficient, and whatever clearness it may bring into the study of a disease so varied, we now recognize that such an outline could not embrace all the simple alterations, much more the compound ones that are assumed with a facility so painful by our moral and intellectual natures; that is to say by our sentiments, our ideas, our wills, and what are inseparable from these, by our movements or our external actions. For such is the foundation upon which our soul operates, and which eludes it or resists it in insanity. Further, Pinel did not carry the analysis far enough; since he has comprised under the same title mania without delirium, which is a simple state, and mania with delirium which is a compound one. There are in fact, simple manias, or what is the same thing, there are alienations of sentiment, there are states of sadness, of despair, of fury, of rage, spontaneous, instinctive, irreflective, and detached from all purpose of the mind, which prompt the man to injure himself, or urge him blindly to the commission of murder. There are others which not only do not interest the ideas, but are yet perceived, judged and re-proved by them, combatted by all the powers of the understanding; hence comes the phenomenon of double will so well characterized by St. Paul, and so badly explained by the philosophers. On the other hand, there are disorders of the intellect marked solely by a want of coherence between either the ideas or the propositions. In other words, there are dementias, there are true deliriums, which not being united with a state of fury, at least in action, constitute for that reason, a simple alteration of intelligence, a simple delirium.

Hence, we see, that these two kinds of lesion are of themselves, independent one of the other: and that when

they come to coexist in an individual, the resulting alienation is no longer simple, but compound; and that here, mania with delirium, is a combination of fury and dementia. It is the same with those estrangements of the affections, with those sudden antipathies, those unnatural aversions, which in the heart of a woman, occasionally take the place of her habitual tenderness: frightful impulses, which sometimes are stifled by reason, sometimes overthrow reason itself, subjugate the understanding of a mother, and arm her with the knife against her own children. Is it not evident that here the sentiment alone is marred, and the understanding is subdued rather than altered? What becomes here of the moral liberty! and how important it is, that in deciding upon actions of this nature, the law should know how to distinguish what it ought to pity, from what it ought to punish!

To return, let me add, that in treating of melancholy, Pinel has not always mounted, as he might have done, to the causes of the false judgments which characterize it; false judgments so often suggested to the mind, either by false perceptions of the senses, or by the feeling of an internal constraint which has all the illusion of hallucinations. These are a class of deceptive, though real impressions, whose principle sometimes so difficult to seize, is not the less in certain cases, the original principle of all the troubles of the understanding.

Finally, and it is a very trifling fault, Pinel recommends physicians to prepare themselves for the treatment of insanity, by the study of the faculties of the human mind. For this purpose he sends them back to the writings of the philosophers, ancient and modern, who have occupied themselves with so sublime a subject: thus rendering medicine subservient to metaphysics; whilst on the contrary, in order to sound the depths of mind it becomes the metaphysicians to make themselves the students of medicine. Instructed in a school so fruitful and so necessary, neither Locke himself, though a colleague of Sydenham, nor Condillac, nor

their imitators would have fallen into the strange paradoxes, which disfigure works, otherwise so honorable to their countries and to themselves.

Our understanding. I will dare to say it, our understanding belongs exclusively to the patrimony of medicine. Hippocrates first embraced all its wonders in two maxims, that his successors would have done well to lay up as their most precious heritage. But this heritage they have overlooked; they have so disdained its culture, that this beautiful and important part of their science is still plunged in obscurity. Nothing is there seen clearly, nothing set in order, nothing judged in its relations with the whole. Hence it is, that except a stock of knowledge which has no real support but in this fundamental and primary knowledge, that of the diseases of the mind is still so imperfect, and that among the terms which describe it, there still prevails with different writers so little agreement and uniformity.

Pinel's work will always be of infinite value for its facts, the method and the views that it exposes, for the lessons of morality that may be drawn from it by parents and teachers, charged especially with the cultivation of the reason of the young people under their care. For reason itself is a source of the higher and the social sentiments, of regular and temperate habits, and the noblest part of us, our soul, has no surer guarantee against its own estrangement.

Let us add that truth which Pinel so firmly established by his experience, to wit: that for the insane, goodness is the most effective of remedies, and justice the most impressive of authorities. And this double virtue, he would not have limited solely to the daily and distinct relations with the patients, he wished beside, that in all which surrounds them, touches or interests them, they should feel its presence and hear its language. Thus of every thing which can enter into an establishment formed for them, there is nothing that the attentive humanity of Pinel has not indicated in this work, nothing which he does not teach us to foresee, and to regulate in advance. His book will be the manual

both of physicians and administrators. May his touching solicitude survive him! May the kindness of which he has given us the example, extend and be perpetuated by his counsels!

[Neither the limits of this article, nor the object of its publication, will allow us to follow the eulogist in his investigation of the merits of the great work of Pinel, his *Nosographie*; to rehearse the eloquent parallel upon their respective skill as teachers, drawn between him and Corvisart; nor to recount the various anecdotes elucidating his private character. All this belongs to the domain of general medicine.]

Pinel was a member of the Legion of Honor, a member of the French Institute, head physician of the hospital of Salpêtrière, professor of the first medical school in Paris, and subsequently of its Faculty of Medicine. When this Faculty underwent a reform in 1822, he retained only the title of Emeritus Professor. The noble founder of our Academy named him among its honorary members. His Royal Highness, the Dauphin, came in 1818 to visit Salpêtrière, the following day its physician was distinguished with the badge of the order of St. Michael.

Pinel was small in stature, with an animated countenance, an irritable temperament, and a singularly vigorous constitution. Being an idolatrous admirer of the talents of Rousseau, it is related, that having gone with M. Chaptal on a pilgrimage to the tomb of this celebrated writer, he passed five days and five nights without sleep, and with no more relaxation than was necessary to take food; on his return to Paris, in place of yielding to fatigue, he repaired to the school and delivered lectures with his ordinary facility. In 1823 he had an attack of apoplexy. When scarcely convalescent, and while yet feeble and staggering, he desired to renew his visits among the sick; but he soon found that a life of confinement was all that remained to him. At length, in spite of the enlightened attention of the numerous pupils who now constitute the glory of medicine, and who pressed around his dying bed, a subsequent attack carried him off

on the 25th October, 1826. If his loss was sensible to the sciences, it was more severely felt by his family, and by the crowd of wretched beings, of whom he was the father and consoler. At the news of this melancholy event, there was but one cry of anguish within the walls of the extensive hospital. Committees of the Institute, of the Academy, and of the Faculty, followed his remains. In the midst of this solemn assemblage, increased by physicians of the hospitals, and by citizens of all classes, were seen groups of his patients, and even paralytics dragging themselves to the place of burial. What glorious tributes to his memory! the learned by their discourses rendered homage to his genius, the poor by their grief rendered homage to his virtues!

ARTICLE VIII.

CONTRIBUTIONS TO THE PATHOLOGY OF INSANITY.

BY PLINY EARLE, M. D.

Physician to the Bloomingdale Asylum for the Insane.

NO. I.

The pathognomic lessons of Insanity constitute about as much of a *terra incognita* to physicians, as does the continent of Africa to geographers. The general outlines and most distinguishing characteristics have in the former, as well as in the latter case, been pretty accurately determined, but so far as regards the minutæ or details of the subjects, we are, in both, involved in nearly as much obscurity as were our ancestors some centuries gone by. Within the last few years, however, pathologists have prosecuted investigations in this field of science. as Ledyard and the Landers have pushed their researches into the interior of the continent mentioned, and, like them, have discovered new landmarks and increased the boundaries of accurate knowledge.

Hitherto but little, it might almost be said, nothing, has been published in this country relating to the pathology of mental disease, how much soever the subject may have claimed the attention of those concerned in its treatment.

Having made necroscopic examinations in a few cases of Insanity which terminated fatally, I propose to present the results thereof to the readers of this Journal, hoping that they may not be wholly devoid of either interest or intrinsic value.

Diseases of the heart are not unfrequently connected, or at least co-existent with insanity, but how far the one is dependent upon, or the result of the other, is a question which remains to be determined.

In the following cases the heart was in an abnormal condition; in one preternaturally enlarged, and hypertrophied, with incipient ossification of the valves; in the other, remarkably small, either from its natural conformation, or from atrophy by disease; its appearance, together with the generally emaciated condition of the body, indicating the latter.

CASE I.

L. C., an unmarried woman who became insane in early life, was admitted into the Pennsylvania Hospital in 1793, and was subject to paroxysmal, or periodical recurrences of the disease, until the time of her death, in 1840. During the last twenty three years she had lived wholly in an asylum, having one paroxysm or more every year, and her mind, during the intervals, being essentially impaired. The first record of a paroxysm was in May, 1832. It is stated that she was then very irritable, "scolded," said much against her friends; that she had a burning sensation in her head, oppression of the chest, palpitation; that her extremities were swollen, and she frequently started suddenly in her sleep, or waked, as the French would say, *en sursaut*, a term more expressive of the phenomenon than any in the English language.

In May, 1833, she had a similar attack, was noisy, cross, jealous and abusive; had palpitation and thoracic oppression; the ankles being swollen and covered with an erythematous inflammation. These attacks subsequently occurred every spring, and sometimes in the autumn.

She came under my observation in April, 1840, and during the following month had a severe access of the disease. All the symptoms were similar to those before described. The pulse was very rapid and irregular; and the difficulty of breathing so great as to render the sitting posture necessary, even in bed. She recovered in about four weeks, and remained well two or three weeks, when a relapse took place, and she expressed a belief that she should not again get well. She however improved, and on the 12th of July I made the following entry in the record of her case.

"She has walked in a posture somewhat more stooping than habitual, ever since the former period of excitement commenced, complaining of soreness of the shoulders and the back of the neck. This morning she appeared more erect than before."

She was about the house throughout the day, and worked some. In the evening she remarked to me that her left arm felt as if she had no use of it. She retired apparently as well as at any time during the day. At 2 o'clock in the night, according to the testimony of the person who was on watch, she was sitting up in bed, asleep; a condition of things which attracted no particular notice, as it had frequently occurred before. When the attendant opened the door of her room in the morning of the 13th, she was lying on her left side, dead.

Autopsy—28 hours after death.

Rigidity of limbs mediocre; skin reddish around the ankles.

Head.—A small sore on the scalp, directly on the crown, beneath the cellular tissue is inordinately red, from extravasated blood. Adhesion of scalp mediocre. Cranium rather thicker than ordinary, and of medium density. Du-

ra mater strongly adherent, particularly along the longitudinal sinus or medium line, where it appears fused into the bone. Arachnoid thickened so as to have the appearance of a dense membrane upon the summit of both hemispheres, in many places opaque. Effusion of one ounce of bloody serum in base of skull. Pia mater has a general blush of inflammation, almost scarlet. It is very much thickened, and in places has opaque patches of effused lymph. Cortical substance apparently normal. Medullary, numerous bloody points on section. Posterior commissure very large and soft. Corpus Callosum, $1 \frac{5}{8}$ inches in its antero-posterior diameter. Velum interpositum much thickened with a granular or tuberculous deposition, surrounded by numerous small vessels, giving it a scarlet appearance. No effusion in ventricles. Optic thalami thought to be abnormally soft. Tubercula quadrigemina softened. Crus cerebri has appearance of a homogeneous mass, except on the under surface, where the fibres are visible. The Pons varolii* appears harder than usual, and the Pia Mater adheres to it. Cerebellum. Pia Mater thickened, and strewed with patches of small, granular bodies, particularly on the posterior and inferior regions.

Thorax.—Left lung adherent, posteriorly, and at the apex. Emphysematous throughout the anterior border, and top. Four ounces of bloody serum in the cavity of the pleura.

Right Lung, strongly adherent except posteriorly; the three lobes strongly adherent to each other. Two ounces of bloody serum in pleural cavity. Posterior parts of both lungs filled with black liquid blood.

Heart. Position natural. Pericardium normal. Length of heart 5 inches, width at base $4 \frac{3}{4}$; circumference $10 \frac{1}{4}$, nearly covered with adiposea. Right auricle filled with a dark coagulum, parietes unusually thin. Atriulo-ventricular orifice $1 \frac{5}{8}$ inches in diameter. Right ventricle filled with a dark clot. Parietes $\frac{3}{8}$ inch thick. Columnae carnae fully developed. Tricuspid valve contains numerous spots of cartilaginous deposition, some large, and elongating its wing

in such manner as to leave an opening or sinus which could hardly be effectually closed by the valves. Pulmonary artery contains a coagulum. Valves normal.

Left auricle empty. Left ventricle, parieties, in thickest part, $\frac{5}{8}$ of an inch, and at apex, $\frac{3}{8}$ of an inch thick. Mitral valve completely cartilaginous, with points of incipient ossification. Aortic valves normal, except the deposition of a small, cartilaginous body in two of them.

Abdomen offers nothing unusual of importance.

CASE II.

Mrs. A. A. M., a widow, aged 44 years, temperament nervous—bilious, veins of medium size,* came under my care on the 20th of March, 1841. She had been insane about one year, her disease assuming the form of Melancholia. She had once attempted self-destruction. When I first saw her, she was much emaciated, pulse quick and small, appetite poor. She refused to eat, saying she had no stomach. Her digestive organs were much disordered, appetite almost null, and the tongue generally coated. During three months, she rarely took food voluntarily; her regimen consisted mostly of arrow-root, eggs uncooked, and cream, to which wine was added when her condition required it. Her mind was continually shadowed by a dark cloud of melancholy. She often begged to be "buried in a grave," for she was "just like a log;" or "to be laid in her bed, at home, where she could look upon her dear boy for ever and ever, because she could never be off the face of the earth;" to be "put into the creek," or to "be thrown into the ocean, where she might float away, for she never could be off the face of the earth;" and yet, she had a fear of water almost as excessive as that of the victim of hydrophobia. Even when her disease had so far progressed that she was barely able to speak, she continually wearied herself, and an-

* This observation is recorded, because the idea has been broached, that persons whose veins are large, are more predisposed than others, to melancholia

noyed others, with the details of her "awful condition," in being doomed "to remain on the earth for ever."

She attributed all her misfortunes to her imprudence in drinking, as she said she did intentionally, an infusion of *Cantharides*, or, as she termed it, "some tea made of three cents worth of flies." She frequently declared that this fluid "destroyed all God's creation, burned up her heart, lungs, stomach and brain; and left nothing but her breath;" and hundreds of times exclaimed, "O, if I had'n't taken those flies, I might have been well."

On the 25th of June she was much more feeble, and emaciated to the last degree; the skin was pallid, pulse small, and ranging from 80 to 100 beats per minute; hand, feet and loins swollen; muscles of the left side of the mouth less used in speaking; than those of the right side.

On the 27th, a colliquative diarrhœa commenced; and in the afternoon, she was restless and much distressed; the hands and feet purple and cold, respiration 60 per minute. At 7 o'clock, P. M., she died, her delusion remaining unchanged.

Autopsy—morning of the 28th.

Last degree of emaciation. Slight oedema of feet and legs. Integuments very pale.

Head.—Scalp connected with the bone by slight cellular tissue.

Cranium, averages three-eighths of an inch thick. Usual quantity of diploe.

About one and a half ounce of bloody serum ran out while opening the cranium: as much more at the base of the brain.

Dura Mater, thickened along the sides of the longitudinal sinus; adherent by strong threads to the Pia Mater, both in this region and in several places at the base of the brain.

Arachnoid, thickened throughout: more so on either side of the sagittal suture. In some places semi-opaque,

adheres to Pia Mater throughout the upper half of the right hemisphere. Immediately beneath the "crown," one half on either side of the longitudinal sinus, a space the size of a dollar is covered with a white, granular, opaque substance, which involves the Arachnoid and the Pia Mater. The same appearance is presented along the sides of the longitudinal sinus, for three quarters of an inch, both anteriorly and posteriorly to this spot. Several ecchymoses, or patches of extravasated blood, at the summit of the right hemisphere.

Pia Mater, considerably injected, and in some places adherent by cord-like attachments to the cerebral substance.

Cineritious substance apparently normal. Sulci deep. A space the size of a cent in the under surface of the middle lobe of the left hemisphere is softened.

Medullary substance. The section is strewed with innumerable bloody points.

Lateral Ventricles. Each contains about one drachm of serum.

Other parts of Brain normal.

Thorax.—Lungs. Two ounces of serum in each cavity. Mucous membrane of trachea and bronchi, in both lungs, is injected, and in some parts thickened.

Heart. Very small, length two inches, diameter one and three quarter inches; circumference at base six and one quarter inches. Tricuspid valve semi-cartilaginous. Mitral valve opaque, corrugated and semi-cartilaginous. The capacity of the left ventricle is less than that of a table spoon. Near the apex of the right ventricle, the parieties have degenerated into a yellowish, semi-transparent gelatine form substance, which, on the outside, is prominent, and has the appearance of a cyst. A membrane thinner than paper, lines the internal surface.

Oesophagus. Mucous membrane thickened.

Abdomen.—Stomach, Mucous membrane remarkably thickened, in all parts, and mammellated throughout; more so along the great curvature, where every mamelon is tipped with ecchymosis. Membrane not softened.

Intestines. Mucous membrane thickened.

Liver. Seven and a half inches in diameter, laterally ; six inches antero-posteriorly ; two and a half inches thick ; unusually hard. Spleen small and very hard.

The Capsule of the left kidney contains half an ounce of orange colored liquid, and a quantity of matter like the cyst on the heart, is on the kidney.

QUERY.—Was the general thickening of the mucous surfaces in this case, the effect of the infusion of cantharides ?

ARTICLE IV.

* AUTHORITY TO RESTRAIN THE INSANE.

*Supreme Judicial Court of Massachusetts, January, 1845,
at Boston.—Matter of Josiah Oakes.*

A person who is insane, or delirious, may be confined, or restrained of his liberty, by his family, or by others, to such extent, and for such length of time, as may be necessary to prevent injury or danger to himself and others.

Such confinement and restraint may be in his own house, or in a suitable asylum, or hospital.

The repetition and frequent occurrence of acts, without any motive sufficient to actuate persons of ordinary sense, are evidence of aberration of mind ; and in such cases, accumulation of proof becomes important.

Such aberration of mind will authorize the restraint of the person subject thereto, although he has not committed any actual violence.

This was a case of habeus corpus. prosecuted to procure the discharge from confinement of Josiah Oakes, who was committed to the McLean Hospital for the Insane, on the 16th of December last. The case was heard before the whole court, and the hearing occupied the whole of two days. The application of Mr. Oakes's sons for his admission into the asylum was produced, and their agreement to pay his board. All the proceedings appearing to have been regular, the court ruled that the burden was upon the petitioner to make out a sufficient case for his discharge. A large

number of witnesses were called, who testified that they were acquainted with Mr. Oakes, and considered him a man of much industry and shrewdness, and also that they should not have inferred, from his conduct or appearance, during the last three months, that he was not in his right mind. Several of them said, however, that his faculties might have been affected by age. To sustain the detention of Mr. Oakes, the deposition of Dr. Bell was read, and a number of witnesses were called, among whom were Dr. John Fox, under whose immediate charge the prisoner was at the asylum, several members of the family, and other acquaintances. They testified to some irregularities in the conduct and conversation of Oakes, and Dr. Fox gave it as his decided opinion that he was insane. It appeared that Oakes had formerly been confined in the Asylum for ten days, for a temporary alienation of mind, and was then discharged as cured. His wife died in October last, and for a short time previous, and since her death, a change in his appearance had been noticed.* After the testimony was concluded, the counsel who opposed the petitioner stated that it was a mere question of evidence, and that he did not consider it necessary to argue it to the court. The counsel on the other side made an argument in favor of the release of Mr. Oakes.

B. F. Hallett and *Geo. A. Smith*, for the petitioner.
Buttrick, of East Cambridge, against the petitioner.

C. J. SHAW, in delivering the opinion of the court, said that the court had examined the testimony, and bestowed upon the case the time and attention which its great importance demanded. The subject was one in which every member of the community has a deep and abiding interest.

* Mr. Oakes, who is sixty seven years old, became infatuated after a young woman by the name of Sarah Jane Neal, and engaged to marry her a few days after the death of his wife. To prevent the marriage, prosecutions were commenced against her in the police court, by some members of the family, for lewdness of conduct.

The power of granting relief upon habeus corpus is, in one sense, a discretionary power. But a discretionary power is not an arbitrary power. In exercising it the court are bound by the rules of law, as applicable to the facts of each particular case. The circumstances under which persons may be legally detained are extremely various, and a correct judgment in each case requires the exercise of judicial discretion.

Mr. Oakes has been placed in an insane hospital, a known public establishment, with a responsible board of trustees; and so far it has always been regarded as a satisfactory and useful institution. It may be called a boarding-house, or a place of relief, protection and cure, for a person whose mind is diseased. It has been inquired by what power he is there confined? It has been argued, that the constitution makes it imperative upon the court to discharge any person detained against his will; and that by the common law, no person can be restrained of his liberty, except by the judgment of his peers, or the law of the land. But we think there is no provision, either of the common law or of the constitution, which makes it the duty of the court to discharge every person, whether sane or insane, who is kept in confinement against his will. The provision, if it be true, must be general and absolute, and not governed by any questions of expediency to suit the emergencies of any particular case.

The right to restrain an insane person of his liberty, is found in that great law of humanity, which makes it necessary to confine those whose going at large would be dangerous to themselves or others. In the delirium of a fever, or in the case of a person seized with a fit, unless this were the law, no one could be restrained against his will. And the necessity which creates the law, creates the limitation of the law. In the case of an application to have a guardian appointed over the person and estate of an insane person, under the statute, some time must necessarily elapse before the appointment can be made, and during that time restraint may be necessary. If there is no right to exercise that re-

straint for a fortnight, there is no right to exercise it for an hour. And if a man may be restrained in his own house, he may be restrained in a suitable asylum, under the same limitations and rules. Private institutions for the insane have been in use, and sanctioned by the courts; not established by any positive law, but by the great law of necessity and humanity. Their existence was known and acknowledged at the time the constitution was adopted. The provisions of the constitution in relation to this subject must be taken with such limitations, and must bear such construction, as arise out of the circumstances of the case. Besides, it is a principle of law that an insane person has no will of his own. In that case it becomes the duty of others to provide for his safety and their own. But whose duty does it become? If we say of his children, he may have no children; if of his parents, brothers or sisters, he may have no relatives who can perform the duty. Those who are about him must exercise it. His children, his wife, his brothers or sisters are suitable persons to take the charge of him if they are at hand. But a stranger, in a hotel or a boarding-house, may become delirious. In that case it becomes incumbent on those about him to restrain him, for such time only as the necessity for such restraint continues. The same rule may apply in the case of some surgical operations, where a person cannot have any will of his own, and it becomes necessary that he should be held by others.

The question must then arise, in each particular case, whether a person's own safety or that of others requires that he should be restrained for a certain time, and whether restraint is necessary for his restoration, or will be conducive thereto. The restraint can continue as long as the necessity continues. This is the limitation, and the proper limitation. The physician of the asylum can only exercise the same power of restraint which has been laid down as to be exercised by others in like cases.

The present is one of the cases in which insanity must be inquired into by judicial tribunals. In such inquiries we

must carefully keep in mind the object of the inquiry. The same rules do not apply to the same extent in this case, which apply in the case of a person who has committed a crime, and is sought to be excused on the ground of insanity. And when it becomes necessary to appoint a guardian under the statute, there, evidence of imbecility, improvidence or wandering of mind, without any dangerous form of insanity, becomes material, although it would not be in a case like the present. Many considerations have weight in one case which would have none in the other. We must not fall into the general notion, that a person is not to be considered insane, merely because he does not always show wildness of conduct in his every-day appearance. Since the subject has been scientifically investigated, we know that a person may show sagacity in his business, but still be decidedly insane on some one subject. There is one class of cases in which, at a particular period of life, a person's character appears to undergo a change, and the existence of a hallucination or delusion is shown, which can not be removed by reasoning, argument, or persuasion. This species of insanity frequently shows itself in outbreaks of passion, on occasions where there appears no cause sufficient to produce them in a person of sound mind.

From a survey of the evidence we have come to the conclusion, that Mr. Oakes is laboring under such a delusion as renders it proper that he should be restrained, at least for a time. He has before been in the same hospital, and his cure after ten day's confinement at that time, indicates the proper course to be pursued now. That was a case of temporary alienation of mind, or excitement. Before his confinement he had made a contract to do a piece of work for Mr. Bowman, which he went on and completed immediately after his release; and Mr. Bowman testifies that the contract was a good bargain for Mr. Oakes. This shows that it was not a necessary consequence of insanity, that he should make an improvident contract. The general tenor of the evidence is, that Mr. Oakes was a careful, prudent,

industrious man, attached to his children, and to his wife, and that the most perfect confidence subsisted between him and his wife. He resided at Cambridgeport for a time, and afterwards at East Cambridge. His business was wharf building, and pile driving, which he conducted with prudence and success. He was a man of strong feelings and passions, easily subject to excitement, which however, readily subsided. This is usual with persons of much energy of character. He occasionally ill treated his wife, and frequently used harsh language. He had been quite a domestic man, but now began to be frequently absent in the evening, causing anxiety to his family. His wife died in October last. He did not manifest the feeling upon that occasion, which was to be expected from a person in his right mind. On the evening when his wife was in a dying condition, of which he was informed, he left the house, and passed the evening at a house in Boston, in the company of the person to whom he afterwards became engaged. When he came home, he asked if his wife was dead, in a manner which exceedingly shocked the feelings of his daughters. His conduct at the funeral showed a perversion of mind. It may be said, that this was a consequence of his resenting the attempt of the family to put him under guardianship, and confine him in the insane hospital. But he did not manifest such resentment. When speaking upon the subject, he said that they were not to blame, for they supposed he was really insane. To a man acting under ordinary motives and feelings, such resentment, although it might be naturally felt for the time, could not be lasting.

On considering his state of mind, his alternations of depression and excitement, we think he did not act from ordinary motives and feelings. His persisting in his intention to marry the young woman who has been spoken of, and refusing to believe the evidence of her bad character, are indications of this. It is in evidence that he positively declared to his friends, who were much shocked at his declared determination to be married, that he would not marry

the girl under six months ; and afterwards made repeated attempts to have the ceremony performed within two months of his wife's death. The fact of an old man, a widower, wishing to marry a young wife, is not of itself evidence of insanity. But the circumstances, and the conduct of Mr.

Oakes, attending the proposed marriage, are evidence that he was laboring under a hallucination of mind. His refusal to believe any evidence of the girl's bad character, his unlimited confidence in his own knowledge, his letter to Governor Morton and to his son, all show the morbid excitement of his mind. The testimony of Dr. Fox, the physician at the asylum, is important. His comparison of the tenor of his conduct and appearance at the time he was before confined in the asylum, serves to show his state of mind. He has always, when in this state, said he could at any time make a large fortune in a short time,—could become independent again in a few months, if he should lose all he had,—that it was impossible that he could make a bad bargain,—and that he must always make money,—it could not be otherwise. He declared that he would not believe the character of the girl to be bad, although she should be convicted,—that he knew better than all the courts and the juries.

Dr. Fox testifies that he has no doubt that Mr. Oakes is insane. His opinion must have great weight in this case, from his skill and experience in the treatment of insanity. He has had the care of insane persons for a long time. If we can not rely upon the opinion of those who have the charge of the institution, and there is no law to restrain the persons confined, we must set all the insane at large who are confined in the McLean Asylum: He thinks it dangerous for Mr. Oakes to be at large. Dr. McLellan, a physician at East Cambridge, whose testimony is in the case, expresses a different opinion. He says he had a conversation with Mr. Oakes of about twenty minutes. He could discover no indications of an insane mind. He knew nothing of the character of the girl, or of the facts and circumstances of the case, except as they were stated to him by

Mr. Oakes. It is well known, that persons laboring under a delusion often reason with sagacity upon false premises. On the other hand, Dr. Fox is bound by his duty, his profession, and his responsibility to the public, to bestow a careful examination upon cases like this, and his opinion may well overbalance one which is formed upon so cursory an interview as that of Dr. McLellan's. Mr. Tyler, the steward of the institution, confirms the statement of Dr. Fox, as to the appearance and conduct of Mr. Oakes. It is not necessary to consider the deposition of Dr. Bell, as it would not vary our conclusion upon the case.

No objection can be made to the competency of the children as witnesses. If there were anything to justify a belief in a combination of the family for sinister purposes, they would not be entitled to much confidence. But their testimony appears candid and unobjectionable, and there is nothing which shows any improper design. A unanimity of purpose in the family is no evidence of sinister intentions, unless the object sought to be obtained by the combination is unlawful or improper. The object here appears entirely laudable, and intended for the good of a parent whom they love and respect. If they considered the marriage as a rash act, and a consequence of his insanity, they were justified in attempting to prevent it. His earnestness in obtaining the publication of an article which his son and the printer considered libelous, and his giving a bond, in the unnecessarily large sum of \$10,000, to save the printer harmless, show that his mind was morbidly excited. It has been objected that one of the sons prepared the bond, and said that he thought he would see how far his father would go into the matter. But he was requested by his father to put it in shape, and he at the same time enjoined it upon the printer not to publish it. The father showed a determination to carry the matter through, and had other legal advice besides that of his son.

Mr. Oakes's eagerness to engage in a large speculation in real estate, as stated by Dr. Parkman and Capt. Richardson,

and his conduct in regard to it, are also in point. The fact of a person's engaging in extravagant or daring speculations, is not of itself sufficient evidence to prove him insane, but the manner in which Mr. Oakes conducted the affair, shows his mind to be unsound. Dr. Parkman saw, by his elevation of manner, that he was not in a fit state to conclude the large purchase which he desired to make, and refused to make the bargain unless he would get the consent of his family. Mr. Oakes, under the delusion that such consent was the only obstacle to his wishes, went to his son-in-law, Mr. Houghton, told him he would give him \$100 to go to Dr. Parkman, and give his consent, and took out the money at the time and offered it to him. He afterwards went to Capt. Richardson, his brother-in-law, who lives in Duxbury, and offered to give him \$50 a day to come with him to Boston, and go to Dr. Parkman and give his consent.

The repetition, and frequent occurrence of acts without any motives sufficient to actuate people of ordinary sense, necessarily induces a belief that the person who commits them, is under a delusion. In cases of this kind, accumulation of proofs becomes of considerable importance. It will not be necessary to examine the proof on the other side at any considerable length. It is not any want of sagacity in his usual business transactions which induces us to think Mr. Oakes insane, but his evident hallucinations, and his acting under unnatural excitement upon certain points. His overseeing his business correctly, and carefully seeing that the piles were driven well, does not prove him to be sane. He was under no delusion on that subject. His directions to Whitwell, the constable, showed only the shrewdness which frequently accompanies insanity.

Taking all the evidence together, we are of the opinion, that Mr. Oakes is under the operation of that degree of insanity, which renders it proper that he be restrained in the hospital; that his insanity is temporary in its character, and that the restraint should last as long as is necessary for the safety of himself and of others, and until he experiences

relief from the present disease of his mind. Dr. Fox does not say positively that he considers his being at large as dangerous to others. But this species of insanity leads to ebullitions of passion, and in these ebullitions dangerous acts are likely to be committed. If committed, he would be excused from punishment on the ground of insanity. His daughters testify, that, if he carried weapons, they should be afraid of him. But there would be the same danger from weapons which might happen to be at hand, at the time of any occasional outbreak.

At present, we think that it would be dangerous for Mr. Oakes to be at large, and that the care which he would meet with at the hospital, would be more conducive to his cure than any other course of treatment. It is, therefore the order of the court, that he be remanded to the McLean Asylum, to remain there until further action upon the subject.—*Law Reporter, July, 1845.*

ARTICLE V.

ON THE RELATIVE LIABILITY OF THE TWO SEXES TO
INSANITY.

BY JOHN THURNAM, M. D.

[Read before the Statistical Section of the British Association at York,
September 28th, 1844.]

The opinion which appears to have recently obtained, that insanity is more prevalent amongst women than amongst men, has, I believe, originated in an erroneous method of statistical analysis. Dr. Esquirol, who appears to have inclined to this view, was at great pains in collecting information as to the proportion of *existing* cases of insanity in the two sexes in nearly every country of the civilized world; and, having found that, taking the average of different countries, the proportions were those of 37 males to 38 females, he concluded that his inquiry refuted the opinion which has prevailed since the time of Cælius Aurelianus, that women are a little less subject to insanity than men. In this view Esquirol is followed by Drs. Copland, Brown, and Millingen; and indeed, by every recent writer on insanity. It is, however, well known that, in all European countries, the proportion of adult females in the general population exceeds that of males. In England and Wales, according to the census of 1821, there was an excess, at all ages above 15 or 20 years, of about 4 per cent.; and according to the more accurate census of 1841, an excess of 4 per cent. at all ages, and of about eight per cent. at all ages above 15 or 20 years. Of this general law, Esquirol was aware; but he does not appear to have known that, from 20 to 50 years of age

when, in this country at least, insanity chiefly occurs for the first time, there is a still greater excess of females; an excess which is higher from 20 to 30 years of age than it is subsequently; it being 12 per cent. from 20 to 30, 6 per cent. from 30 to 40, and 4 per cent. from 40 to 50, years of age. Thus assuming only a like liability of the two sexes to insanity, we should expect to find a much greater number of cases amongst women, and one corresponding to this excess of the same sex in the general population, at those ages when insanity chiefly occurs.

The only two institutions, however, that I am acquainted with in this country in which there has been any material excess of females admitted during extended periods are the hospitals of Bethlem and St. Luke; and in these there has been, at different and extended periods, an excess of women admitted amounting to 20, 30, and even 45 per cent. This, however, may depend on local circumstances peculiar to the metropolis; and, consequently, does not in any degree establish Dr. Haslem's opinion, that, "in our own climate, women are more frequently afflicted with insanity than men;" a statement which has been recently repeated by Dr. Webster in his remarks "on the Statistics of Bethlem Hospital."* That there may be something peculiar in the circumstances of the metropolis in connection with the prevalence of insanity in the two sexes, at least as regards the poorer and more dependant classes of the community, is a view which is confirmed by there having been a slight excess of females admitted both at Hanwell and in the licensed metropolitan asylums for paupers; though it is to be observed that, during the last five years, the excess at Hanwell, never very great, has been gradually diminishing, and up to 1843, only amounted to 2 per cent. According to the census of 1841, there appears to be a larger proportion of females living in the metropolis from 20 to 50 years of age, as compared with the

* Haslem, "Observations on Madness," 2d edition, 1809, p. 245. Webster, in "Medico-Chirurgical Transactions," vol. xxvi. 1843, p. 380.

kingdom generally; but whether the difference be large enough to account for the greater number of women admitted into the metropolitan asylums and hospitals is, perhaps, doubtful. The excess per cent., at these ages, of women over men appears to be in the proportion of 18 in the metropolis to 8 in the country; that is to say, there were, in 1841, living in England and Wales 100 men to 108 women, at from 20 to 50 years of age. At all ages there appears to be a greater proportion of females in the metropolis than in England and Wales; there having been an excess of 13 per cent. at all ages, and of 19 per cent. at all ages above 20. Whatever may be the cause of the difference in the relative proportions of the two sexes admitted into metropolitan asylums, it does not appear to extend to the middle and upper classes of society; for in the licensed metropolitan asylums for private patients, (1833-40), there has been an excess on the side of males admitted amounting to 38 per cent.

But there is another fallacy in Esquirol's method of investigating this subject, in consequence of his having compared with each other the *existing*, instead of the *occurring*, cases of insanity in the two sexes. Were the progress of insanity the same in men as in women, and our object simply that of determining the relative liability of the two sexes to insanity, the comparison of the cases existing at one time, would serve as well as that of the numbers occurring during any given period. This, however, is not the case; for, as I have elsewhere shown, the mortality of insane men, on an average, exceeds that of insane women in the public asylums of this kingdom by 50 per cent. Thus we find that the excess in the mortality of males above females is, at the Retreat, at the rate of 37 per cent., in the metropolitan licensed asylums of 63 per cent., at Bethlem of 71 per cent., at Hanwell of 80 per cent., and at the York Asylum of 93 per cent.; the mortality in males being nearly double what it is in females. As the mortality of males in the general population is not more than 7 or 8 per cent. higher than that

of females. † it will be evident that, out of equal numbers attacked, the existing cases of insanity in women will accumulate much faster than those in men; and that they will necessarily be much more numerous, as compared with the *occurring* cases, than will the existing cases in the latter sex. According to the "Report of the Metropolitan Commissioners in Lunacy," there were, in asylums of all descriptions in England and Wales, on the 1st of January, 1844—

Insane Persons.	Males.	Females.
11,272	5,521	5,751; of whom there were
7,482 paupers.	3,532	3,950

—being an excess on the side of females, of *existing* cases of insanity, of 4 per cent, in all classes, and of nearly 12 per cent. in paupers.

It may, perhaps, be objected to the results of any inquiry into the liability of the two sexes to insanity which is founded on the proportions of females admitted into public and private asylums, that, from various causes, women are more likely to be detained at home than men. As regards the middle and higher classes I believe this to be the case; but, as respects the pauper insane, I do not think that such a tendency can affect the results in any material degree. Women are, indeed, sooner rendered entirely dependent, as a consequence of mental disorder, than men; and I should conclude that any greater indulgence to, and tolerance of, the eccentricities of the sex, when the subjects of insanity, will be more than compensated by the frequently greater difficulty of affecting the removal to an asylum. of the insane father, husband, or brother.

In order that the comparison of the occurring cases be a strictly accurate one, the proportions of the two sexes, at the several ages, *attacked with insanity* for the first time, should be compared with the proportions in which the two

† The mean annual mortality of England during four years, 1838–41, was 2.31 per cent. for men, and 2.13 per cent. for women.—*Fifth Report of Registrar General*, p. 11.

sexes, at the same ages, *exist* in the community in which such cases occur. The nearest approximation to this method which we have the means of employing is, by assuming that the proportions of men and women *admitted* into public institutions during extensive periods represent, as on the whole they probably do represent, the cases which *occur* for the first time. The following table is calculated on this principle.

On an examination of this table we ascertain that, in 24 of the 32 asylums which it comprises, there has been a decided excess of men in the numbers admitted. In many British asylums the excess amounts to 25, 30, and even 40 per cent.; and in the whole number of 32 asylums there is an average excess on the side of the male sex of 13.7 per cent. In the 9 English county asylums, contained in the table, the excess amounts to 12 per cent. Dorset is the only county asylum in which the proportion of women admitted has materially exceeded that of men.

Whether in this asylum an unusually large provision has been made for females, and consequently a larger proportion of applications for the admission of men have been rejected, or whether in the county of Dorset any peculiar causes are actually in operation which are capable of explaining such an exception to a general law, I am at present unable to determine.

Having thus shown that, in the principal hospitals for the insane in these kingdoms, the proportions of men admitted is nearly always higher, and in many cases much higher, than that of women; and as we know that the proportion of men in the general population, particularly at those ages when insanity most usually occurs, is decidedly less than that of women, we can have no grounds for doubting that men are actually more liable to disorders of the mind than women.

Table showing the Numbers and Proportion of each Sex, out of 71,800 Cases, admitted into various Asylums.

Name of Asylum and Period.	Numbers of each Sex Admitted.		Proportions per Cent. of each Sex.		Excess per Cent. of one Sex over the other.	
	Male.	Female.	Male.	Female.	Male.	Female.
1. Bloomingdale, New York, (20 $\frac{1}{2}$ years, 1821-42)	1,692	905	65	35	86	.
2. Siegburg, (9 years, 1825-33)	404	226	64	36	78	.
3. Dumfries, (4 years, 1839-43)	147	92	61.5	38.5	59	.
4. Charenton, (11 years, 1815-25)	1,245	804	61	39	51	.
“ (8 years, 1826-33)	932	625	60	40	49	.
5. Schleswig, (15 years, 1820-35)	342	224	60	40	52	.
6. Licensed Metropolitan Asylums, not paupers, (1833-40)	1,419	1,028	58	42	38	.
7. Perth, (11 years, 1827-38)	190	141	57.5	42.5	34	.
8. Cornwall, (22 years, 1820-42)	407	310	57	43	31	.
9. Nottingham, 31 $\frac{1}{2}$ years, 1812-43)	937	726	56.3	43.7	29	.
10. Armagh, (16 $\frac{1}{2}$ years, 1825-41)	649	505	56	44	28	.
11. Clonmel, (7 years, 1835-42)	206	162	56	44	27	.
12. York Asylum, (25 $\frac{2}{3}$ years, 1814-40)	768	607	56	44	26	.
13. Lancaster, (26 years, 1816-42)	2,042	1,599	56	44	27	.
14. Maidstone, 5 years, 1833-38)	195	158	55	45	23	.
15. Glasgow, (28 years, 1814-42)	1,456	1,191	55	45	22	.
16. Richmond, Dublin, (5 years, 1832-39)	331	277	54.5	45.5	19	.
17. Lincoln, (21 $\frac{2}{3}$ years, 1820-42)	467	391	54.5	45.5	19	.
18. Dundee, (22 years, 1820-42)	496	427	53.7	46.3	16	.
19. Gloucester, (20 years, 1823-42)	661	588	53	47	12	.

20. Frankford, U. S. Society of Friends, (25 years, 1817-42)	405	379	52	48	7	.
21. Worcester, U. S., (10 years, 1833-42)	806	751	51.8	48.2	7	.
22. Hartford, U. S., (19 years, 1824-43)	640	607	51.3	48.7	5	.
23. Wakefield, (23 $\frac{1}{6}$ years, 1818-42)	1,527	1,479	51	49	3	.
24. Belfast, (13 years, 1829-42)	621	622	50	50	.	.16
25. Woodbridge, (13 years, 1829-42)	499	500	50	50	.	.20
26. Carlow, (10 years, 1832-42)	247	250	49.7	50.3	.	1.2
27. Hanwell, (11 $\frac{1}{2}$ years, 1831-42)	1,189	1,219	49.3	50.7	.	3
28. Cork, (13 years, 1827-39)	954	1,009	49	51	.	5
29. Licensed Metropolitan Asylums, paupers, (6 years, 1833-40)	1,479	1,520	48	52	.	7
30. York Retreat, Society of Friends, (44 years, 1799-40)	282	333	45.8	54.2	.	18
31. Dorset, (11 $\frac{1}{2}$ years, 1832-43)	184	224	45	55	.	21
32. Bethlehem, curables, (20 years, 1823-42)	1,782	2,622	40.5	59.5	.	47
Total of the above, (1796-1843)	25,601	22,502	53.2	46.8	13.7	.
9 English County Asylums; 8, 9, 13, 14, 19, 23, 25, 27, and 31.	48,103					
	7,641	6,502	5.3	14	12	.
33. Bethlehem all cases, (46 years, 1748-94)	4,042	4,832	45.5	54.5	.	19
34. St. Luke's, curables, (82 years, 1752-1834)	6,037	8,756	40.7	59.3	.	45.5

For other Metropolitan Asylums, see also 6, 27, 29, and 32.

It is always satisfactory when those reasonable conclusions, which we have previously formed from general considerations of the nature and tendencies of the particular causes which are in operation in any class of facts, are confirmed by accurate statistical inquiry. From a just consideration of the differences in the physical and moral constitution, as well as in the generally prevailing external circumstances of the two sexes in civilized communities at the present day, it was, I think, *a priori*, highly probable that men should possess a somewhat greater liability to mental disorders than women; and this was a conclusion at which, independently of any statistical inquiry, the ancient physicians had even arrived. And it is thus important to observe, that it was by a *faulty application of the methods of statistical analysis* to this question, by the deservedly distinguished Esquirol, that a contrary conclusion was come to by that diligent, but, in statistical questions, not always accurate, inquirer; and that it has been chiefly on his authority, and on that of authors who, on this subject, have copied from him, that we have been in danger of admitting the erroneous doctrine that women are more liable to insanity than men.

It is still highly probable that different countries,* and perhaps even the same country at different periods, as well as different communities and different ranks and classes in the same country, may vary very much as regards the proportion in which men suffer from insanity more than women. Thus, it appears tolerably well ascertained that a larger proportion of women, relatively to the other sex, become insane in France as compared with England. Though, as we have seen, this is less certain as respects the metropolis when compared with the rest of this country. In this respect,

* The above table shows that, during 15 years at the Asylum at Schleswig, Holstein, the proportion of men admitted exceeded that of women by 52 per cent.; and at Siegburg, near Bonn, on the Rhine, during 9 years, by 78 per cent. According to the official return of Dr. Holt, the existing number of the insane throughout Norway, in the year 1825, was in the proportion of 1 to 508 1-2 of the male, and 1 to 597 1-2 of the female population.

we have seen that the statistics of our own metropolis appear to resemble those of France, rather than those of the rest of England.

In this point of view, the experience of the Society of Friends is not without considerable interest. At first sight it might appear that, in this community, women are actually more liable to insanity than men; for, without any greater facility existing for the admission of females, the number of women, members of that society, who have been admitted into the Retreat has exceeded that of men by 18 per cent., or, in other words, only 45 men have been admitted to 55 women. But it is requisite to know the relative proportions of the two sexes in the Society of friends, as a body, before we shall be justified in determining that insanity is really more prevalent amongst the females of that community. By returns, however, from all parts (each "monthly meeting") of England and Wales, it appears that in the Society of Friends the excess of women over men, at all ages, amounts to about 20 per cent.; and there can be little or no question that the excess of *adult* females is still greater.† Indeed, after 15 years of age, before which insanity seldom occurs, we can, I think, scarcely estimate the excess of females over males in this community at less than from 30 to 35 per cent. And thus assuming, as there is every reason for doing, that, as respects the proportions of the two sexes attacked, the experience of the Retreat represents that of the society at large, it will appear that, in this community,

* The numbers in the table refer to cases of all descriptions admitted at the Retreat; but the proportions are the same when members of the Society of Friends are separately considered.

† This larger number of women in the Society of Friends may, no doubt, be chiefly attributed to the larger proportions of men who emigrate, and leave the Society, and are disunited from it, for, on an examination of the Registers of the Society from 1800 to 1837. I find that the births registered were in the proportion of 105.7 males to 100 females; viz. 8207 boys, and 7759 girls. In the whole of England and Wales, in three years, 1838-1841, the births registered were in the proportion of 104.8 boys to 100 girls.—*Fourth Report of the Registrar General*. 1842, pp. 9, 10.

there are still from 10 to 14 per cent. more men than women attacked with mental derangement. This is an excess on the side of men, considerably less probably than that which prevails in the kingdom generally.

The progressive accumulation of females in a hospital for the insane is well illustrated by the experience of the Retreat; where, at the end of 45 years, the women exceeded the men by 30 per cent.; and where the average number of women resident during the whole period was 35 per cent. higher than that of men. At the asylum for the Society of friends at Frankford, Pennsylvania,† (1817—42,) the proportion of men admitted exceeded that of women by 7 per cent. But in the general population of Pennsylvania and the adjacent states, in common more or less with nearly all newly-settled countries, the proportion of males exceeds that of females by about 4 per cent., and, at from 20 to 40 years of age, by 6 per cent. There, however, may be, and probably is less difference in this respect in the Society of Friends in the states alluded to, or the women may even preponderate in this community.

In nearly all points of view it may, in conclusion, be stated, that women have an advantage over men in reference to insanity; for not only do they appear to be somewhat less liable to mental derangement than men, but, when they become the subjects of it, the probability of their recovery is on the whole greater, and that of death very considerably less. After recovery from a first attack, however, the probability of a relapse, or of a second attack, is perhaps somewhat greater in women than in men. Still the more favourable results, as regards the female sex in all these particulars, appears to be much less marked at the Retreat than in nearly every other institution with which I am acquainted. This is worthy of notice, as it is probably due to the greater gen-

† This Asylum is more particularly appropriated to the Society of Friends in the states of Pennsylvania, New Jersey, and Delaware; but patients from other states are also admitted.

eral regularity of life in the men of this community as compared with that of men in the community at large ; or, at least, than in those parts of it which furnish inmates to the asylums compared.

Retreat, York, August, 1844.

ARTICLE VI.

HOMICIDAL INSANITY.

Court of Oyer and Terminer, City of New York.

Before Judge Edmonds and Aldermen Henry and Seaman.—M. C. Paterson, Esq., District Attorney.

MAY 21, 1845.—*Case of Murder.*—Andrew Klein, apparently belonging to the lowest class of laborers, was placed at the bar charged with the wilful and inhuman murder of Catharine Hanlin, on the 23d of December last, in the 16th ward in New York, by firing her dwelling, in consequence of which she was burned severely, particularly about the neck, and also inflicting a deep wound on her person with a sharp instrument which caused her death.

The greater part of the day was consumed in endeavoring to procure an impartial jury. The panel was exhausted at one o'clock, when a tales was ordered. Several of the jurors empanelled were set aside, some on the ground of entertaining conscientious scruples as to finding a verdict of guilty in a case of murder where death would be the penalty, and others on the ground of formation of opinion, from statements published in the newspapers. The following jury were sworn :—

Stephen Morehouse, foreman ; Richard Bogardus, William Winslow, James Duff, Douglass Bingham, Jas. S. Conover, George Ely, Myran French, Herman Griffin. Danforth B. Besse, Thomas B. Clapp, William Moore.

Messrs. Shepard, Porter and Benedict appeared as counsel for the prisoner.

The prisoner was hereupon arraigned in the usual form. The indictment contained eight separate counts. The prisoner pleaded not guilty.

Mr. Paterson hereupon opened the case, the details of which will be found in evidence.

Lawrence Hanlin, son to the deceased, a boy about 13 years of age, was the first witness examined by Mr. Paterson—He stated, I live at 15th street, 2d avenue; I came from Connecticut, near Norwich; my mother, father, uncle, and brother, lived with me in 15th street; we had no yard or back entrance; the entrance to the house is in the front; there are two windows and a door in front of the house; it is one story high; was not at home on Sunday morning, the 22d December, but I came home that evening; my father had his breakfast next morning; it was I who got it for him; it was between six and seven o'clock; my mother was in bed with her baby; I saw Kleim take down two boards off the fence at our house; he then got shavings, blocks and straw out of his own house, and set fire to them at our door; he then broke in the door with a stone or a board; I ran into the room and told my mother; she got out of bed and halloed murder three or four times; she had the baby in her arms; she then ran back from the window to the door, and from thence into the bedroom; after she ran in, I stood at the window and kept halloing all the time; Kleim flung a board at me and knocked down the stove pipe; it was then the neighbors began to come; James Lee pulled me out of the window, Kleim went through the window of his own house, and barred himself up; the neighbors came in and quenched the fire; they then broke in the back part of the house, and took my mother out; they brought her over to Mrs. McGavins; after my mother was taken away, I found the baby under the feet of a Mr Moffat; I saw Kleim with a stick in his hand stirring the fire; I saw him push my mother into the house at the door; he had the stick in his hand

(the stick was here produced;) I do not know that that is the stick he had; (another was produced with a long iron spike in the end;) I can swear that is the stick; I kept at the window, and did not see what my mother did; Kleim was in his house about an hour and a half before he was arrested; our windows were bolted inside; my mother was burned around her breast, arms, and nose; she was stuck in her thigh at her hip, with the knife that was in the end of the stick; heard so from the woman of the house to whom my mother was taken; did not go with her at first, but went some time after; did not go to the hospital to see her; my mother is now dead.

TO THE COURT—I was eating my breakfast when I first saw Kleim; he was taking down his own fence; got the shavings from his own house; put them outside the door under an outshed; I was looking through the window.

Cross Examined by Mr. BENEMER—Was eating my breakfast when I first saw Kleim; it was daylight when I got up; I saw Kleim taking down boards; left my breakfast to see what he was doing; he got shavings and blocks, and set fire to the door by means of them; I stood at the window all the time; I awakened my mother when I saw Kleim set fire to the door; she was awake when my father was going out in the morning; my mother said she would go and get a warrant for Kleim, when she saw him coming to the house; never heard Kleim make any noise before at the shanty, except when he was playing a tamborine; my mother told me that Kleim had hit her with two stones the day before, and that she would get a warrant for him; after the fire got going, he set fire to the shavings; there are no buildings nearer than 3d avenue; there are buildings on 1st avenue; there are shanties across the way with people living in them; said nothing to my mother that morning; Kleim hit the window that I was trying to get out of. I shoved it up a little; I stood as far as the length of the board would reach; Kleim struck at the window, missed me, but knocked down the stove pipe; after he set fire to the house, he stood still keep-

ing me in ; could not get out of the door, as the flames were blazing away ; my uncle went to work with my father that morning ; Kleim did not speak to any one ; no one came near him to see him, except a colored woman ; when the neighbors came that morning he went into his shanty, and about an hour and a half afterwards, he was arrested by the officers ; I did not hear him say anything to them ; he had his door bolted ; the officers raised the hinges of the shutters and got in ; never threw stones at Kleim's shanty, but boys did who came down town ; my father never spoke to him, colored women used only to come and see him ; he usually kept his head down ; Kleim did not come into our shanty at all ; saw a number of people moving about that morning ; the morning was foggy ; Kleim made fight when the officers came to arrest him.

TO A JUROR—Recollects that to be the stick, saw it in Kleim's left hand that morning.

TO THE COURT—The first thing Kleim did was to bear down shavings and put them against the front door. My mother bid me bolt the door ; he took a coal of fire out of his own stove ; the flames were as high as the top of the door ; could not get out the blaze was so great ; saw my mother fall in front of the door in the back room ; the whole house was filled with smoke.

The Court here suggested that it might be as well to adjourn until half past ten o'clock this morning, and that in the meantime the jurors might go in charge of constables, to 15th street, and view the premises that deceased lived in, which would perhaps be a great guide to them in this case.

JAMES LEE sworn—Examined by MR. PATERSON—I resided near the shanty belonging to deceased, in December last ; I knew Hanlin, the husband of deceased ; my attention was called to the fire on the morning of the 23d December ; I went to the shanty, and was coming into my own house from the store ; I heard the cry of fire ; I saw the flames about the roof ; I called on a man named Brown to run with me ; we ran together ; when I got to the house, the little boy

Lawrence was crying; I went to the window, and could not get it up; I broke the window through, and did not leave a pane of glass in; I pulled out Lawrence through the window: when I got him out he said, "Oh Mr. Lee my mother will be burned!" I asked him where his mother was; he said "In the bed." I could not enter that window, in consequence of the smoke; I could not enter the door because it was blazing at the time from the fire; I went to the bedroom window, and the shutter was hooked inside; I could not get it open; I went to the back part of the house and looked for another window: there was no window there; I then saw Kleim inside his own house, looking out from the window, with his hands on the window; can't tell whether that is the instant or not; when I first got to the house he was outside the door; went over after to try and break the window in; I then broke the window in, but the smoke was so great I could not get in; I then went round to the back part of the house and broke a hole and got in across the bed, where the woman lay apparently dead; I heard Mr. Boyd and Mr. Moffat took her out; I saw the child after it was taken out.

Cross Examined by MR. SHEPARD—I cannot say how long I was up that morning before the occurrence took place; Kleim ordered me to stand back, when he made a thrust of the stick at me; I think it had iron fixed on it; never took any particular notice of Kleim before this occurrence; never spoke to him; never saw anything peculiar in his conduct; he always kept his head down when he was walking; there was an entrance through one end of the fence; there were three or four boards off the end of the fence; ran back as quick as I could when Kleim made the thrust at me.

ARCHIBALD BROWN examined by MR. PATERSON—I lived in the neighborhood the time of the fire; I got near Kleim and he said something in Dutch; I understood it was to stand back; he had his stove close by the window; and had fire in the stove; he took the stove near the door of Hanlin's

house, and put some straw upon it and some wood ; he then took away the stove and let the fire out of it close to the door of Hanlin's house ; the fire blazed at the time and then the door blazed up ; he went back into his own house, and got in through the window ; he was shut up in his own house ; the two houses are about five yards distant ; Kleim was arrested by the officers. It was said that the prisoner had fire-arms ; the officers broke down his house through the roof and arrested him.

Cross Examined by MR. BENEDICT—When I first got to the fire Kleim was there ; I said “ You rascal, what are you doing ? ” he said in Dutch or broken English ; from what he did and what he said, I understood him as meaning to say, “ stand back ; ” he was as pale as paper ; the fire was blazing at the time ; he then took away the stove ; I helped to arrest him ; the officers first threw stones at the house ; the house had no windows ; it had shutters in it

DR. A. G. RAWSON sworn, examined by MR. PATERSON.—I took the deposition of the deceased, Catharine Hanlin ; Justice Taylor was present ; the jury were present, and also Mr. Porter, the counsel ; the deposition was taken on the 24th of December ; the *post mortem* examination was taken on the 25th ; when I took the deposition, I asked her “ If she thought she was about to die ; ” she said “ she hoped not.”

The defence opposed the reading of the deposition, on the ground of its not being taken in *extremis*.

The question was left open, and

Justice TAYLOR was called to the stand, examined by Mr. Paterson.—Dr. Cook and the Coroner saw the woman on the 24th. and informed her there was no hope of her recovery ; Mr. Porter was there when the Coroner asked her “ what her employ was ? ” and she answered saying “ she hoped God would have mercy on her ; ” her manner showed that she had some hope she would recover ; Kleim was present when she signed the deposition.

MR. SHEPARD objected to the reading of the deposition, on the ground already stated. The rule of law says "That the declaration must be made under a sense of impending death, in prospect of almost immediate dissolution. If reduced to writing, the writing must be produced if in existence.

MR. PATERSON replied, and cited authority.

The question was left open for argument.

DR. POST examined by MR. PATERSON.—I attended the *post mortem* examination of deceased; she was desperately burned about the throat; the larynx and trachea, down to the lungs; there was considerable serous effusion, particularly about the lungs; there were three of her ribs broken; she also had a wound about the thigh; there appeared no symptoms of organic disease about her; I attended her before her death also; her breathing was very difficult, to which I attributed her death; from the injuries to her throat, it would appear as if she inhaled hot air.

The objection on the part of the defence in relation to the admissibility of the written deposition was overruled.

The deposition was then read. It went to show that Kleim threw stones at the deceased on the day before the murder; that on the day of the murder he first went to the door and threw stones at deceased; that on his setting fire to the house, she endeavored to go out and Kleim thrust her back into the flames, and subsequently stabbed her in the thigh; she then went to the window with her son Lawrence, and Kleim threatened to cut her throat; she then swooned away and got nearly smothered and fell down, and did not know who took her away, until after she came to her senses.

WILLIAM MOFFIT sworn, examined by MR. PATERSON— I was called up by my wife on the morning of the fire; she told me she saw Kleim setting fire to the house; I then rushed in through the smoke and flames and found the woman lying down on the floor quite insensible; we got

a child also; its face was very black and dirty, and the child was apparently dead; the smoke was very suffocating to myself; I got sick myself from the smoke; I saw Kleim go from the house with an axe in his hand; he then went in through the window.

Cross-Examined by Mr. SHEPARD—I never knew any person to associate with Kleim, except three colored women who used constantly to reside with him.

Mrs. MORRIS, wife of the last witness, corroborated his testimony in relation to the burning; I went to the prisoner afterwards, and asked him what he did that for; he said "stand off," and had an axe or some weapon in both hands; I could distinguish the axe but not the other weapon, he used to set dogs at the children; I saw him one day fire off a gun at children.

EDWARD HANLIN (the husband)—Testified he was a neighbor of Kleim's, and neither himself or wife had ever any difference with him; there was no difficulty about hogs or pigs.

JAMES D. STRONG, police officer, examined by Mr. PATTERSON—I was informed on Monday morning, the 22d—that a house had been set on fire in fifteenth street, and a woman had been stabbed; I was told that it was a Dutchman that did it, and that he was locked up in a shanty adjoining; I went once to the door, but found it fastened inside; I was told to be careful how I acted, as Kleim had fire arms with him, and was prepared to defend himself; I then asked some who were there if they would stand by me, who answered they would; I then kicked at the door several times, and found that it yielded; when I burst the door open, Kleim had a dog in one hand and the stick and spear in the other; I took up a stone and struck the dog with it; I then directed Mr. Cox and other men to go round and attack the rear of the house, which they did, and broke the window, by this time Kleim had become a little more tranquil, and seemed as if he wished to speak to me; I then walked nearer to him, when he made another thrust

at me ; I seized him by the arm, and he asked me why stones were thrown in, and I said in order to break open the house : there was a stone thrown which hit him on the cheek ; I rushed in on him and caught him by the back of the neck ; he made a blow with a hatchet at me, when his arm was seized by somebody else ; I took him out of the building and had difficulty in preventing people from taking the law in their own hands. We then went with him to 3d avenue, to Justice Taylor's house ; I then returned back to the house, and found a hatchet, butcher knife and the spear ; I went back to Justice Taylor's house, having been informed that Mrs. Hanlin was in a dying condition ; I asked Kleim what induced him to do as he had done, and he said, "because they troubled me—they troubled me ;" I asked him if the woman made the difficulty—he said "no" he said "they had pigs—they troubled him." I said he had done very wrong ; I can't say positively, but I think he said, "I can't help it." He said he had no money, but I found on his person two sovereigns ; he said that was all he had.

Cross-examined by MR. SHEPHARD.—The knife and stick is the same, with the exception that it has no blood on the blade now.

JAS. G. COX, constable, examined by MR. PATERSON—I have seen Catharine Hanlin, saw her on the 23d, at my house ; she came to complain of Kleim for throwing stones at her. [Here counsel for defence objected to Mr Cox giving any evidence as to the fire or murder, he having the day before received testimony from Mrs. Hanlin of prisoner's conduct. The Court ruled the objection as valid. Retired from witness's seat.]

MR. PATERSON then called LAWRENCE HANLIN, son to deceased, who had been previously examined, but nothing of interest was elicited from his evidence.

MR. PATERSON read a deposition of prisoner, for the Court and Jury, by desire of prisoner's counsel.

The case for the prosecution here rested.

GEORGE J. KLEIM, brother to the prisoner, and a very respectable looking man, who is a painter in New Haven, was the first witness produced, examined by Mr. Shephard—I am brother to prisoner; he has been in this country fourteen years; I have been here about twelve years; my brother is a cabinet maker; the first thing I perceived strange about my brother was in a letter I received from him when I lived in Hartford; (letter produced) that is the letter; it is over six years since I received the letter; (two other letters produced, which were written in the German tongue) received the first letter about the year 1840, the time it was written; know them to be in the hand-writing of my brother.

Cross-examined by Mr. PATERSON.—The letters came to me through the post office in wrappers; I am sure they are in the hand-writing of my brother; I resided in Hartford when I received the first letter, and the other two when I was in New Haven; I do not know where my brother lived when I received the first letter, but came to New York and searched for him; when I received the second letter, I found him at 332 Broadway; I swear, to the best of my belief, they are both in the hand writing of my brother; when I came to New York, I went to my brother's shanty to see him; brought Mr. Bowen with me; my brother objected to my bringing any one to see him; I brought my wife to see him; he did not like to see her either; I put him into a boarding house, he did not stay there, though he said he would; I next saw my brother last fall in the prison; my brother (when I asked him if he knew me) said he did not; I asked him if he did not recollect seeing me at the shanty in 15th street; he said he did not; I next saw him last week; he answered me pretty much the same way; I spoke to him about home, but he did not seem to recollect anything about it.

Cross examined by Mr. PATERSON.—I saw my brother about three years before I saw him in the shanty; I came to New York in about three months after I received the last letter from my brother.

S. BROMBERG was sworn and examined, as to translation of letters from prisoner to his brother.

A discussion then arose as to reading the letters, when it was decided that counsel for prisoner should read the translations.

CHARLES BOWEN examined by MR. SHEPHARD.—Saw Kleim in Broadway when his brother went to see him ; saw him afterwards in 15th street ; I found the shanty and knocked at the fence ; finally I got in, and I told him I had a letter from his brother ; and he ordered me off, and told me he'd shoot me ; when his brother came down, I went with him to point out the place. I have not seen prisoner since that time.

Cross-examined by MR. PATERSON.—Prisoner and his brother seemed at their interview to be friendly ; he was standing when I saw him ; he appeared then as he does now.

SAMUEL CLARKE, examined by MR. BENEDICT.—I know prisoner ; known him about six years ; I knew him first in a shop in Broadway ; I have worked with him ; there was a stand out in the shop where I worked ; we all stood out but Kleim : he told me that people threatened to take his life ; I asked him for what ; he said he did not know, but that his life was sought.

CHARLES A. BAUDINE, examined by MR. BENEDICT, —I know Andrew Kleim since 1839 ; he worked with me in Broadway at the time of the turn out ; he worked the whole time and did not mind it ; he appeared at times very queer ; he at one time told me when I went into the shop, that men sought his life, and they were determined to shoot him with guns, axes, and so forth ; he always was at his work, late and early ; he worked for me about eighteen months.

Cross-examined by MR. PATERSON. Prisoner acted like a maniac ; one day a man was passing my shop, and laughed at him, and he (prisoner) seized a piece of wood and would have struck him, only I prevented him ; he used to

grind his teeth; there were many other circumstances which made me think he was like a maniac.

WM. BURNS, examined by Mr. BENEDICT.—I have known Klein ten years; since I have known him there has been a great change in his conduct; the first three years that I knew him he dressed well; we worked together in Mr. Baudine's shop; his conduct then was as it is now; whenever I spoke to him he would laugh; that is all the answer I generally got from him.

LEWIS FICKIN, examined by Mr. SHEPARD—Known prisoner about twelve years; he dressed himself generally very well; I some years since noticed something strange about him; at first when I knew him he was very affable; since, his conduct has been very strange; I wanted him some time after to get some good clothes, but he did not mind me.

WM. HARDOCK—Known Prisoner about four years; he has been the same since I knew him; I worked in a shop with him; his conduct was very strange; when I would ask him a question he would laugh, and used to run out of the shop like a mad dog; the first time prisoner ever asked me a question was, if I knew when there was a dog that was going to take his shanty from him. It is about four years ago.

Dr. TELIKROFT, *examined by* Mr. BENEDICT—I am a surgeon; it is fourteen years since I commenced medicine; I have given a good deal of attention to cases of insanity; I have seen prisoner several times; the first time I saw him was at the Tombs, but I hesitated to give an opinion then, as I thought it would be necessary in this case to see him several times before doing so; his external appearance has been the same as at present; I have spoken at each intercourse; I spoke to him in both the English and German languages; from my interview with him I supposed he had been suffering from monomania. or melancholy, and that he was insane; he appeared quite insensible as to the fate that awaited him, and did not seem to know what he had done; I have heard the evidence offered here yesterday.

Cross-examined by Mr. PATERSON—I think prisoner is not at present capable of managing his affairs in his present state; I think him imbecile; I do not consider prisoner was an imbecile from birth; the first time I asked him about his parents, he gave me a confused answer; I asked him what religion he was, but I could not get any satisfactory answer from him.

Dr. PLINY EARLE, Superintendent of the Bloomingdale Lunatic Asylum, being affirmed, deposed, in substance, as follows:

I am a physician and have been specially engaged in the treatment of the insane during a period somewhat exceeding three years. For more than a year I have been connected with the Bloomingdale Asylum, where I now have one hundred and twenty-six patients. I have seen many cases of insanity, elsewhere.

At the request of the Circuit Judge I visited the prisoner several times in his cell, and, from my observation upon him became convinced that he is insane. With but a single exception, I found him standing in a particular place. Once, he was sitting on his mattress, but as I entered, he immediately rose and went to the place in which he had always previously been standing. His head was generally depressed; his eyes downcast. He did not speak unless spoken to, and always answered in as few words as possible. His pulse was usually more rapid than that of persons of his age and temperament when in health. Near the top of his head there is a place, of about the size of a dollar, upon which the hair is extremely thin. He appeared to be indifferent in regard to all things. His social feelings are evidently destroyed or perverted, and he manifests no consciousness of the relation in which he is now placed with reference to the law.

He told me how long he had been in this country, and gave me some information which I supposed to be accurate, respecting the different members of his family. I did not

think, at the time of either of my interviews with the prisoner that he was feigning insanity.

Cross examined by the District Attorney—I do not recollect of having perceived any scar upon the prisoner's head. The prisoner told me that when he was about eleven years of age he had an eruption in the place where the hair is now so thin; but that it was cured. Monomania might be caused by an eruption repelled. I think the mental disorder with which the prisoner is now afflicted would generally be classed under the head of Dementia. It might have been preceded by Monomania, but he now appears to be nearly imbecile. If the prisoner supposed that all the world were seeking his life, his disease might be what is termed Monomania. so far as I have observed him, I do not think that he is now laboring under Monomania.

Dr. J. H. SCHMIDT, examined by Mr. SHEPARD—I am a physician; I have examined prisoner, with regard to the state of his mind; I have been with him for fifteen or twenty minutes, and from my observation and his general appearance, I think him to be insane; the last time I visited him I wanted to feel his pulse, but he would not allow me to do so. I told him I wanted to see if he was sick, and he said he was not; he would not allow me to go near him, when I put any question to him he would sometimes answer yes and no to the same question; I think monomania and dementia might exist together and run along side by side or into each other.

Cross-examined by Mr. PATERSON—I believe prisoner to be laboring under general insanity at present.

Mr. PATERSON, District Attorney, at this crisis then called as a rebutting evidence the following witnesses. The first was the re-examination of

JAMES D. STRONG, who stated—Whenever I asked prisoner about this affair he would make answer “me don’t know—me don’t know;” I asked him several other questions and he gave me the same answer as before; when he was at the prison I asked him if he knew how much money I took from him, he said, “not quite ten dollars, two gold

pieces;" I neither saw or heard any thing from prisoner to prove to me he was insane; I asked him if he knew who I was; he said I was an officer; I spoke to him about a shanty he had erected at 13th street, and if he lived alone, and if he had no companion except the dog, and he answered he did; he said he cooked for himself.

CHARLES BIRD, examined by Mr. PATERSON—I am a police officer; I arrested prisoner on the 21st of September, 1842; I had conversation with him at that time; he stood at his window thrusting at me with a stick and spear; I had conversation at the Upper Police, when he was arrested; I showed him the sword and asked him to whom it belonged? he said it was his; he afterwards came to the police office, and said he would sue me for the sword; his appearance is the same as it was in December last.

REUBEN T. JOHNSON—Was a keeper of City Prison last December; had charge of second corridor; Kleim was in cell 62; used to see him three or four times a day, with the exception of Sundays; I had conversation with him with regard to his food and shaving, &c.; I had conversation with him as to where he lived, and his money; there are pipes leading through the cells of the prison; prisoners talk through them to each other; I often hear noise arising through this source when going through the prison; the cells have beds in them; they occupy about one-half the width of them; Kleim generally eat his meals the same as the rest of the prisoners did; I never found anything irregular in his conduct; I have heard him answer "no" to questions, when he meant "yes;" I never saw anything about him to make me believe he was out of his mind; each has charge of a corridor; I had charge of Kleim.

Cross examined by Mr. SHEPARD—Prisoner never commenced any conversation with me; I don't know that I ever said Kleim was insane; I might have said so by way of a joke.

JOHN W. FRANCIS, surgeon examined by Mr. PATERSON—I have had my attention called to insanity for several years

both here and abroad. I have seen Kleim in the Tombs, and here in Court; he is what would be called of a bilious constitution, a heavy man; those causes will be produced by confinement for several weeks; I can't say I saw anything in his appearance which would cause me to think he was insane, except from the reasons I state; I do not think he is an idiot. The prisoner does not possess that peculiar characteristic about him that would lead me to suppose he was insane; from the conversation I have had with prisoner, I think he can distinguish between right and wrong; I believe him to be sane and a responsible agent for his acts.

Cross-examined by Mr. BENEDICT—I have only had an opportunity of examining prisoner once; I don't think I ever made such a mistake on the previous trial as to say Kleim was insane. I said his state of mind might be construed into demented; I said his confinement might produce his peculiar habitude of mind.

TO DISTRICT ATTORNEY—The circumstance of prisoner running out of his workshop, and returning with pieces of glue and stuff for making chairs, and other like circumstances, might tend to insanity, which might be produced by many things, perhaps love affairs, and such like.

JOHN STYLES, Surgeon—Was employed last year in the City Prison; has attended cases of insanity; it is more than twenty-three years since I commenced; have had conversation with Kleim; conversations with him were always commenced by me: they were about his occupation; he said his branch was chair-making, and that he disposed of them in Chatham street, and that when manufactured they were worth from nine to seventeen dollars; he said he only finished them in sand-paper; he said he could not make a set in a week; I told him I heard he was about getting married to a Dutch lady in the neighborhood where he lived, and he repelled the idea, and said "no, no, no;" in my opinion, prisoner is a sane man.

Cross-examined—I abandoned my profession for Keeper of City Prison about last August; I don't recollect that Kle-

im ever said, that the man who put me in will come and take me out; but I've heard him say he would get out; I have observed Kleim quite eccentric in his conduct.

Mr. VANDERVORT, Clerk of the Court, was called and sworn, to testify relative to an inquest held last April on prisoner, as to his insanity.

An objection was put in by the counsel for prisoner, which, after consultation by his Honor, Judge Edmonds, with his associates, they ruled the objection to be valid.

Dr. McDONALD, examined by Mr. SHEPARD—Assuming the facts in this case, that have been proved, to be true, I consider prisoner now to be insane.

Here the counsel for defence stated they had closed.

After the case had been ably argued on both sides, his Honor Judge EDMONDS proceeded to charge the jury. He commenced with some preliminary remarks, in substance as follows:

He told the jury that there was no doubt that Kleim had been guilty of the killing imputed to him, and that under circumstances of atrocity and deliberation, which were calculated to excite in their minds, strong feelings of indignation against him. But they must beware how they permitted such feelings to influence their judgment. They must bear in mind that the object of punishment was not vengeance, but reformation, not to extort from man an atonement for the life which he cannot give, but by the terror of the example to deter others from the like offences, and that nothing was so likely to destroy the public confidence in the administration of criminal justice, as the infliction of its pains upon one whom Heaven had already inflicted with the awful malady of Insanity.

It was true that insanity was sometimes feigned, but in the present advanced stage of the knowledge of the disease, it was almost if not quite impossible that such simulation could escape detection and exposure, when subjected to a careful and skilful examination. So it was true that the plea

of insanity was sometimes adopted as a cloak for crime and a shield against the consequences of its perpetration, and cases had occurred—that of Amelia Norman, and a recent occurrence at Philadelphia, were familiar instances where popular feeling ran so strong in favor of the criminal on trial, as to induce juries to seize with avidity upon this as an excuse for indulging their predilections for the prisoners. These things had worked in the public mind a prejudice against the defence of insanity, and had produced in courts and juries, a disposition to receive it with extreme jealousy, and scrutinize it with praiseworthy caution.

Yet under all these disadvantages, it was, unfortunately equally true, that many more persons were unjustly convicted and caused to suffer the punishment for crime, to whom their unquestioned insanity ought to have been an unfailing protection.

After mentioning two or three cases of the kind, of a remarkable character, he alluded to the examination he had then lately made, among the insane convicts at Sing Sing, where he had found that of 30 such persons, twenty two were, beyond all question, in a state of mental aberration at the time of their committal. He told the jury that he referred to these matters, in order to impress upon their minds the necessity of calm deliberation, and with an entire freedom from prejudice.

He instructed them also that it was by no means an easy matter to discover or define the line of demarkation where sanity ended, and insanity began, and it very frequently occurred that a condition of mental aberration shaded off from a sound state of mind, so gradually and imperceptibly, that it was difficult for those most “expert” in the disease to detect or explain its beginning, extent, or duration. And in this, as in other diseases of the human system, there was an infinite variety, so great indeed, as almost to justify the remark that no two cases were ever precisely alike. Hence it was necessary for him to remark to the jury, in regard to the different kinds of insanity which writers on the subject had de-

scribed, and to which their attention had been so earnestly directed by the prosecution, that it would be proper for them to pay attention to such classifications only so far as to enable them to understand the positions of those writers—that those classifications were, in a great measure arbitrary, and had been adopted mainly for the purpose of obtaining a clear and lucid manner of treating the subject, and the jury were not obliged to bring the case of the prisoner within any one of the classes or kinds of insanity thus defined, in order to acquit him of moral responsibility, for it was a well established fact that the diagnostics of the different kinds were continually running into, and mingling with, each other.

So too it was important that the jury should be made precisely to understand how much weight was to be given to the opinions of medical witnesses. The discoveries in the nature of the disease, and the improvements in the mode of its treatment, had been so great in modern times that it had become almost a distinct department of medical science, to which some practitioners devoted themselves almost exclusively. The opinions of such persons, especially when to their knowledge they added the experience of personal care of the insane, could never be safely disregarded by courts and juries.

And on the other hand the opinions of physicians, who had not devoted their particular attention to the disease, were not of any more value than the opinions of persons in other callings, nor indeed of so much value as the opinions of many not educated to the profession, but who had been so situated as to have given particular attention to the disease, and to patients suffering under it.

There are two kinds of unsoundness of mind recognized in our statutes. One described as “Lunatics, persons of unsound mind and incapable of conducting their own affairs,” and the other comprehended under the general appellation of “Insane persons.”

It is with the latter class only that we have to do in the

administration of criminal justice, and the inquiry for the jury therefore was whether the prisoner was an "Insane person."

What is meant by an "insane person" is now and long has been a matter of great difficulty.

At one time, it was held by courts to be only such an overthrow of the intellect, that the afflicted person must "know no more than the brutes," to be exempt from responsibility. At another time, he must be "unable to count twenty." As science and the knowledge of the disease progressed, it was found that very many were excluded by this very contracted rule from the protection to which they were justly entitled, and the rule has been extended in modern times until it begins to comprehend within its saving influences, most of those, who by the visitation of disease are deprived of the power of self government. *Yet the law in its slow and cautious progress still lags far behind the advance of true knowledge.*

The inquiry now to be made, under the rule of law, as now established, was as to the prisoner's knowledge of right and wrong at the time of committing the offence.

Every man is to be presumed sane and to possess a sufficient degree of reason to be responsible for his crimes until the contrary be proved to the satisfaction of the jury. And to establish a defence on the ground of insanity it must be clearly proved that at the time of committing the act, the party accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or if he did know it that he did not know he was doing what was wrong. And the question whether the accused knew the difference between right and wrong is not to be put generally, but in reference to the very act with which he is charged and the inquiry therefore is, had the accused a sufficient degree of reason to know that he was doing an act that was wrong, or was he laboring under that species of mental aberration which satisfies you that he was quite unaware of the nature, character and consequences of the act he was committing?

If some controlling disease was in truth the acting power within him, which he could not resist or if he had not a sufficient use of his reason to control the passions which prompted the act complained of, he is not responsible, but we must be sure not to be misled by a mere impulse of passion, an idle frantic humor or unaccountable mode of action, but inquire whether it is an absolute dispossession of the free and natural agency of the human mind. In the language of Erskine, it is not necessary that Reason should be hurled from her seat; it is enough that Distraction sits down beside her, holds her trembling in her place, and frightens her from her propriety.

And it must be borne in mind that the moral as well as the intellectual faculties may be so disordered by the disease as to deprive the mind of its controlling and directing power.

In order then to constitute a crime, a man must have memory and intelligence to know that the act he is about to commit is wrong, to remember and understand that if he commits the act, he will be subject to punishment, and reason and will to enable him to compare and choose between the supposed advantage or gratification to be obtained by the criminal act, and the immunity from punishment, which he will secure by abstaining from it.

If on the other hand he have not intelligence and capacity enough to have a criminal intent and purpose, and if his moral or intellectual powers are either so deficient that he has not sufficient will, conscience or controlling mental power, or if through the overwhelming violence of mental disease, his intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts.

Guided by these rules, the jury were instructed by the Court, to inquire whether the accused was justly responsible for the act he had committed, and they were to consider, as aids to a just conclusion, the extraordinary and unaccountable alteration in his whole mode of life, the inade-

quacy between the slightness of the cause and the magnitude of the offence, the recluse and ascetic life which he had led, his invincible repugnance to all intercourse with his fellow creatures, his behaviour and conduct at the time the act was done, and subsequently during his confinement in prison, and the stolid indifference which he alone had manifested during the whole progress of the trial, upon whose result his life or death was dependent.

And they must continually bear in mind that the punishment of the law, and especially its severest penalties would be shorn of their salutary influence upon the public, when inflicted upon one already suffering under one of the most severe and afflicting maladies to which human nature was subject.

After hearing the charge the jury retired, and in a few hours came into court and rendered a verdict of *not guilty*, owing to insanity.

Hereupon the Court, ordered his removal to the State Lunatic Asylum at Utica, and there to be safely kept until discharged by process of law.

Kleim has been at this Asylum above six months, and uniformly mild and pleasant. He has not asked a question during the time, nor spoken or learned the name of any one. He seems but very imperfectly to recollect the murder, or trial. He says in answer to inquiries, that he "was put in prison—does not know what for—was taken to the court but had no trial,—they said nothing to me,—is now waiting for to go away,—expects to go away soon, &c." His bodily health is good, but his mind is nearly gone, quite demented.—*Editor Journal of Insanity.*

BIBLIOGRAPHICAL NOTICES.

1. A Manual of Medical Jurisprudence, by ALFRED S. TAYLOR.
2. Principles of Forensic Medicine, by WILLIAM A. GUY.

(Continued from Page 89.)

Dr. Guy commences his observations on the subject of "*Unsoundness of Mind*," with the remark, that the difficulty of the subject has been increased by inattention to the several faculties of the mind. And without committing himself to the phrenological application, he is of opinion, that Gall and Spurzheim have done much in directing attention to those faculties which are the real source of action, viz. the emotions and the passions. If we admit the theory of the separate existence, and possible separate action of these several faculties, we have the materials of an almost endless variety of character, both in health and in disease.

In searching for a general and comprehensive term to designate all "departures from the more usual state of the mind," he objects to that of "insanity," because it is now taken in too restricted a sense; he is also aware that Lord Eldon has in judicial decision, given a special definition to "unsoundness of mind," and finally, he seems favorable to the use of "*non compos mentis*," because it has not been irregularly used, and has been generally allowed to retain its natural signification. After all these saving clauses, Dr. Guy heads his chapter with the term "*Unsoundness of mind*." We have already stated our objections to its employment as a general term.

The sub-divisions of the disease present little novelty, although the credit of them is assigned to recent writers, as Dr. Henry Johnson of England, and Dr. Ray of this country. They are as follows.

Amentia: Including Idiocy (and cretenuism) and imbecility.

Dementia: 1. Consequent on mania, mental shocks, or injuries of the brain. 2. Senile.

Mania: 1. General. 2. Intellectual, sub-divided into a, general, and b, partial. 3. Moral, a, general, b, partial. Certainly Pinel and Esquirol ought to have received a portion of the credit of this arrangement.

Our author then proceeds to treat, first, of *certain unusual conditions of the mind not included under the general term, mental unsoundness, and the phenomena of dreaming*. *Spectral illusions* are here introduced, as we think out of place. We altogether doubt the correctness of Dr. Guy's deduction, that they are common to men of sound and of unsound mind; the difference being, that the former do not believe in their reality, the latter do. Spectral illusions accompany some of the forms of insanity, they may be present in some of the types of fever and their associated diseases, and lastly, they have occurred to persons who are not supposed, either by themselves or their medical attendants, to be, either in a mental or a bodily sense, *out of health*. And yet what would a medical jurist, when called as a witness on a criminal charge, reply, with respect to such individuals if implicated? Should not their occurrence be rather deemed an indication of a tendency to unsoundness of mind—that the brain is overwrought—that the nervous system is disordered. So also with *dreams*. We have long since advanced the idea, that pleasant dreams are consonant with health, although probably not indicative of the highest condition of it, but that all unpleasant dreams, in themselves, show some disorder in the system, from the nightmare after a single indulgence in a late supper, to the distracting and harrassing dreams of the maniac. It is another question whether crimes committed under this influence are to be excused on medico-legal grounds, as Dr. Guy suggests. It would be better, possibly, to assimilate them to the cases of "mishap," "misadventure," "sudden fright or fear," of which we have, unfortunately, too many examples in our waking hours.

The question of the responsibility of the somnambulist, seems to be involved in doubt, and there we willingly leave it. Some urge, according to our author, that actions, (often criminal) committed during the fit, are only the accomplishment of projects formed, while the party was awake, and that, therefore, he should be held responsible. And certainly some of the cases lean strongly in that direction. Criminal somnambulists should, with reference to this matter, be separated from simple sleep walkers. Children and young persons are subject to this last, in part, owing, probably, to the predominance and restlessness of the nervous energy. This can be subdued in most cases, but when we come to the adult in whom it is a habit, and whose tendencies in that state are criminal, we are inclined to suppose that he must, in his waking hours, exhibit some, at least, of the incipient symptoms of insanity.

At all events, whatever may be thought of our animadversions, we are unwilling to enlarge the sphere of excuse for crimes, and to add to its already increased boundary, the above states of mind in advance of the peculiar circumstances that ought to regulate our decision in the extremely rare cases of this description that will probably ever occur.

The second section contains a notice of *certain conditions of the mind, allied to mental unsoundness, but produced by temporary causes viz. delirium, delirium tremens, and drunkenness.*

Nothing new is added on the subject of delirium, as an attendant on diseases. But we are disposed to question the *sufficiency* of the dictum quoted from Dr. Ray, as to the legal relations of it, in reference to the validity of wills. "If the testamentary act be agreeable to instructions or declarations previously expressed, when unquestionably sound in mind, if it be consonant to the general tenor of his affections; if it be consistent and coherent, one part with another and if it have been attained by the exercise of no improper influence, it will be established, even though the medical evidence may throw strong doubts on the capacity of the testator."

Certainly this would be proper, but what is to be done, with a will thus exactly correct, when the medical witness expressly declares that the patient laboured under delirium, and above all, what is to be done, with wills varying in one or two other particulars, from the above suppositions! We apprehend that wills executed, as laid down by Dr. Ray, and with the attendant circumstance of doubt on the part of the medical attendant, will scarcely ever be brought into courts of equity.

Delirium Tremens. Very little is said on this subject, and Dr. Lee, the Editor, has supplied some useful observations, with a reference to cases. So also with the notice of *Drunkenness*.

The third section treats of the *several forms of unsound mind*. 1. Amentia, or Idiocy, and under this, the form called Cretinism is noticed. Next, Imbecility is considered, and is defined to be "unsoundness of mind *occurring in early childhood*, as contradistinguished from that which is congenital." Dr. Guy, also quotes with approbation, the definition of Dr. Ray. "Imbecility is an abnormal deficiency either in those faculties that acquaint us with the qualities and ordinary relations of things. or in those which furnish us with the moral motives that regulate our relations and conduct towards our fellow men, and frequently attended with excessive activity of the animal propensities." This enlarges the number of individuals belonging to the subdivision very materially. The definition of Georget, and which is a counterpart of Dr. Ray's, is equally extensive, but the commentary of Dr. Guy, on these goes still farther.

"There is no doubt (says he) that imbecility is sometimes partial; that there is in fact, an *intellectual*, and a *moral* imbecility, an inability to acquire and apply knowledge, occurring in persons who have a due sense of right, act with integrity, and perform every social duty on the one hand; and on the other hand, an unusual power of acquiring knowledge, with judgment, fancy and refined taste, but combined with a feebleness of purpose, an inaptitude for busi-

ness ; a disregard of duty, a want of honesty, and oftentimes a strength of passion, which were it not for the intellect they display, would class them at once with the imbecile. They are known in society as weak, soft, easy, good natured, well meaning, good sort of people, and if possessed of brilliant talents, of having every sense, but common sense. They meet with much sympathy, and sometimes, perhaps with more blame than they deserve. There are those who know not how to say *no* either to themselves or to others ; who are too easy to be just, too thoughtless to be honest. They have an instinctive horror of business, an aversion to their regular occupations, and a distaste for every thing that wears the shape of duty. If their profession is law, they will give all their time to divinity ; if divinity, to physic. They are utterly ignorant of the value of money and the last use they make of it is to pay their debts. Each man among them has his own favorite form of extravagance and his own peculiar mode of ruining himself, one calls an architect to his assistance ; another an upholsterer ; a third collects useful things which he never uses, or displays a curious taste in worthless trifles. They are always forming acquaintances with unworthy persons, for rogues find it worthwhile to know and to flatter them. With all their easiness of disposition they have much warmth of temper and strength of passion, but this is known only to those from whom it ought to be concealed. They are bad husbands, children, and fathers, because in these relations of life they have duties to perform. Throughout life they are weak, wavering, fickle, and self willed as children ; the source of constant anxiety and misery to their families, the prey of designing knaves, the expected inmates of gaols, workhouses and lunatic asylums."

"The persons subject to this form of moral imbecility remain at large, because the intellect being unaffected, they have no striking delusions, and no one could undertake to say that they have not the power, if they would exercise the will, to make themselves, at any moment, useful members

of society. As weakness of intellect is a necessary part of the legal notion of imbecility, the attempt to prove such persons imbecile, in a court of law would necessarily fail. *An absence of moral feeling and corresponding want of self control is the essence of their mental malady.*"

We beg our readers to give this extract a second perusal. It was Nat Lee, the poet, so far as we recollect, who when found by a friend in Bedlam, and asked how he came there, replied, "The world and I differed as to my being mad, and I was outvoted." If Dr. Guy's definition as given above is to be taken as a standard, certainly we shall need a lunatic asylum in every county, for if not to be secluded, the *imbecile* will certainly form too a large proportion of the community. We did suppose that *an absence of moral feeling and corresponding want of self control*, constituted the character of a candidate for the state prison, rather than for the asylum. Certainly with all due deference, the individuals here described, are rather more uncommon than our author would suppose. We have children, brought up without restraint, who fear neither God nor man; who begin early to exercise cruelty on their dogs, or their cats, or their companions, and who when they grow up are ready to indulge in every form of dissipation and violence. Certainly these are not *soft, easy, good natured persons*. How can such be ranked among imbeciles? They are *maniacs* from their childhood, and what injustice does not our author inflict, on persons of moderate intellects, who as he concedes, have a due sense of right, act with integrity and perform every social duty, and yet from a great variety of causes, are unable to acquire and apply knowledge. It may be otherwise in England, but in this country, such persons are respected for the qualities of their hearts, and they fill a necessary place in our country, and even city communities. Again, he speaks of a class which may be denominated, the *frivolous*, but whose tendencies are kind and social, often imposed upon, and of another, to which belong the *dishonest* of every description.

Now all these explanations of this class, if of any value in a work on Medical Jurisprudence become so, because they can be applied and quoted, in parallel cases, that come before our courts, and if so, who can be convicted of crime, under these broad apologies for it?

We imagine that our author must shrink from the practical employment of his doctrine, and we are encouraged in this belief, when we recur to the cases that he has cited, in illustration of the *competency* and the *responsibility* of the *imbecile*.

As to the former, he quotes that of the Earl of Portsmouth. This nobleman played all sorts of tricks with his servants, was fond of driving a team, in which he carted dung, timber and hay, had a propensity for bellringing, was fond of *slaughtering cattle and indulged in wanton cruelty towards man and beast, never expressing regret but merely observing it "serves him right," on his own acts of cruelty.*"

As to responsibility, he adduces the case of John Barclay, executed at Glasgow in 1843, for the murder of a person from whom he took three pound notes, and a watch. He was known in the parish as "daft John Barclay" and the clergyman who knew him well, always regarded him as imbecile and had never been able to give him any religious instruction and did not consider him a responsible being. He regarded the watch as an animal, and when it stopped from not being wound up, believed it had died of cold from the glass being broken.

2. *Dementia*. This is considered as insanity supervening either slowly or suddenly in a mind already developed and in connexion with it: the dementia of old age is also noticed. It may occur from a sudden shock, but most frequently, is the termination of the more active forms of the disease.

3. *Mania*, includes according to Dr. Guy, all those forms of unsoundness of mind which are characterized by undue excitement of the faculties. It is divided by him, into three classes, general, intellectual and moral, and each of these latter into two subdivisions, general and partial.

The description of the approach of general mania, and its attendant symptoms is taken principally from Georget, and he also gives a brief abstract of the narrative of Percival, published at London in 1838. "A narrative of the treatment experienced by a gentleman during a state of mental derangement; designed to explain the causes and the nature of insanity." We looked into this work shortly after its publication and were not satisfied that the author of it was perfectly cured. However good his authority may be as to symptoms, he has certainly not gone far into the nature and causes of the disease.

Intellectual Mania. In this the moral faculties are but little if at all excited, and Dr. Guy remarks, that it would probably be more correct to say, that in certain cases, some strong passion displays itself chiefly by its effect upon the intellect." "Such is passion, is pride or vanity." *Partially Intellectual Mania*, formerly but incorrectly styled melancholia, since the ideas of many, as shown by Esquirol, are oftentimes extremely gay and pleasant. Hence the latter substituted the name of monomania. This important subdivision is dismissed with less than a page of comment.

Moral Mania. Pinel first called the attention of the profession to this, and since his time, it has been considered by a host of writers. *General Moral Mania* is defined in the words of Prichard: wayward and eccentric characters, often with a hereditary tendency, whose tempers and dispositions gradually undergo a change, and frequently from some misfortune or reverse, or previous disease. Their temper and habits are maniacal, while their intellectual powers are undiminished, and even sometimes highly acute.

Partial Moral Mania, is said to consist in an exorbitant activity of some one passion or propensity and its predominance or complete mastery over every other. This prompts him to action by a kind of irresistible instinct, while he either retains the most perfect consciousness of its impropriety, and horror at the enormity of the conduct to which it would impel him, and with difficulty, restrains himself, or gives

way, as if in desperation, to the impulse which urges him on. Of this, the following are examples, *Cleptomania*, or propensity to theft—propensity to lying; *erotomania*, amorous madness, *pyromania* or a morbid propensity to incendiarism, and suicidal monomania, and homicidal monomania. Cases are adduced of each, which are already familiar to the reader of work on insanity, but beyond this, the subject is not illustrated.

With the exception of a tolerably full notice of feigned insanity, under its various forms, the remainder of Dr. Guy's chapter is occupied, in various parts of it, and in too desultory a manner, with a consideration of the doctrine of the *Responsibility of the Insane*. We had intended to have made this the principal subject of discussion in the present paper, in connexion, and by comparison with the observations of Mr. Taylor, but a glance at the preliminary matter showed the necessity of stating in detail, the peculiar views of our author, and indicating what to the writer appeared objectionable. The question of *Responsibility* is intimately blended with the divisions of mental alienation that we may be disposed to adopt and it must be considered with reference to its union with them. We hope to conclude our remarks in the next number.

T. R. B.

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2. DE HAENSCHEN et de Alienation Mentale Etudes Psychologiques, par J. Moreau, (de Tours.) médecine de l'hospice, de Bicetre, etc. 8 vo. pp. 431, Paris, 1845.

Hachisch, is the name of a plant, the active principle of which, forms the basis of various intoxicating drinks used in Egypt, Syria, and other countries in the east. It is known in India as the "increaser of pleasure," "the exciter of desire," "the cementer of friendship," "the causer of a reeling gait," the "laughter mover," &c.

It is, we suppose, the *Cannabis Sativa*; common hemp, mentioned by Herodotus, as used by the Scythians to produce intoxication. An account of it and of its use in modern times will be found in Pereira's *Materia Medica*, vol. 2d. page 202, American Edition.

M. Moreau, having obtained a preparation of this plant, known to be active in the East, took some of it himself, administered some to his friends and also to several patients who were insane. The effects upon himself and a friend he has minutely described and they are very remarkable. He also feels warranted from the results obtained by administering it to the insane, in recommending it in very strong terms as a remedy for insanity. Hence his book. We regret he had not waited until a further trial of this remedy had enabled him to speak from that large experience which would be far more convincing than a dozen books of conjectures, and predictions of future results to be obtained from its use. But a small part of his work is occupied with the details of its effects on patients, and in fact he had not administered it to many. On the stupid and demented it had no effect; on others none that were permanent. In those cases in which he supposes it proved highly useful, contributing to their recovery, we do not feel at all certain that the Cannabis had much to do with their restoration, as such cases, we should expect, would recover with equal rapidity without it. Its effects on himself are thus described.

"Thursday, Dec. 5th. I had taken some of the hachisch; I knew its effects, not by experience, but from what I had learned of it from a person who had visited the East, and I waited tranquilly, for the happy delirium to seize me. I took my seat at the table, I will not say with some, after having *relished* this *delicious paste*, for to me it seemed detestable; but after I had swallowed it with difficulty. While eating oysters, I was taken with a paroxysm of incontrollable laughter which was soon checked when I transferred my attention to two other persons, who, like me, had the fancy to taste the oriental article, and who already saw a lion's head upon their plate. I was tolerably calm until the end of dinner; then I seized a spoon and assumed a fencing attitude in front of a dish of preserved fruit, with which I imagined myself in combat, and I left the dining room bursting with laughter. Soon I experienced a desire to hear some music,

to make it myself; I placed myself at the piano, and began to play an air from the *Domino Noir*. After a few measures I stopped, for a spectacle truly diabolical presented itself to my eyes; I thought I saw the portrait of my brother which hung over the piano, become animated; it appeared to me to have a black, forked tail, and to be terminated by three lanterns, one red, one green, and one white. This apparition presented itself to my mind several times in the course of the evening. I was seated upon a sofa, I suddenly cried out, "Why are you nailing fast my limbs. I feel as though made of lead. Ah! how heavy I am! Some one took me by the hand in order to raise me up, and I fell heavily on the floor, I prostrated myself after the manner of the mussulmen, exclaiming, 'Father I reproach myself,' &c, as if I was beginning a confession. They raised me up, and a sudden change came over me. I took up a footstove with which to dance the polka; I imitated in voice and gestures several actors, among others Ravel and Grassot, whom I had seen a few days before in the Etourneau. From the theatre my thoughts transported me to the ball of the Opera; the people, the noise, the light, excited me to the highest pitch; after a thousand incoherent speeches, all the while gesticulating, bawling out like the maskers, I thought I saw around me, I directed my steps toward the door of a neighboring room which was not lighted.

Now a frightful revolution took place in my feelings! I was suffocated, I gasped for breath, I was falling into an immense well, without bottom, the well of Bicetre. Like a drowning man who catches for help at a feeble bulrush which he sees elude him, so I strove to cling to the stones around the well, but they fell with me into this bottomless abyss. This sensation was truly painful, but of short duration, for I called out "I am falling into a well," and they drew me back into the room I had left. My first exclamation was, "Am I a fool, I take this for a well, while I am at the ball of the Opera." I struck against a stool; it seemed to me that it was a masker, who lying down on the floor

was attempting to dance in that inconvenient way, and I begged a sergeant de ville to take him into custody. I asked to drink, they sent for a lemon to make some lemonade, and, I recommended the servant not to select one as yellow as her face, which seemed to me of an orange color.

I suddenly passed my hands through my hair; felt millions of insects preying upon my head. I ordered the bystanders to send for my accoucheur, who was then engaged with Mad. B——, in order that he might deliver the female of one of these insects who was with child, and who had chosen for her lying in room, the third hair upon the left side of my forehead; after a painful labor, the animal brought into the world seven little ones. I spoke of persons I had not seen for several years. I recalled to mind a dinner at which I was present five years ago, in Champagne; I saw the company; Gen. H. served a fish that was garnished with flowers; Mr. K. was at his left; they were before my eyes, and what was singular, it seemed to me that I was at home, and that all I saw took place at a remote period; they were there however. What was it I then felt.

But that was a happiness truly intoxicating, a delirium that the heart of a mother only can comprehend, when I saw my child, my much-loved son in a heaven of blue and silver. He had white wings bordered with rose color; he smiled upon me, and showed me two pretty white teeth, whose first appearance I had been watching with so much solicitude: he was surrounded with a great number of children who like him had wings, and flew in this beautiful blue heaven; but my son was the handsomest of them all; of a truth there never was a purer intoxication: he smiled and stretched out to me his little arms as if to call me to him. Yet this sweet vision vanished like the others; and I fell from the upper heaven of which the hachisch had afforded me glimpses, into the country of the lanterns. It was a country where the men, the houses, the trees, were exactly similar to the colored lamps which lighted the Champs Elysees, the 29th July last. It recalled likewise the ballet of Chao-Kang, that I had

seen at the aquatic theatre when a child. The lanterns moved forward, danced, were in a continual agitation, and in their midst appeared more brilliant than them all, the three lanterns which terminated the false tail of my brother. I noticed especially one light which continually danced before my eyes, (it was produced by the flame of the charcoal that burned in the chimney.) Some one covered up the fire with ashes: Oh! said I, you would extinguish my lantern, but it will return. In fact the flame flashed up again, and I saw the dancing of my light, green now, instead of white, as before.

My eyes were all the while closed by a sort of nervous contraction; they burned severely; I sought for the cause of it, and I soon found that my servant had daubed over my eyes with some encaustique, (a preparation of wax and turpentine,) and that he was rubbing them with a brush; this was cause enough for the inconvenience I felt in the part.

I drank a glass of lemonade, then all at once, I cannot tell how or why, the imagination, my gracious fairy, transported me along the Seine to the baths of Ouarnier. I would fain swim and yet I experienced a moment of bitter emotion in perceiving myself buried beneath the water; the more I tried to cry out the more water I swallowed, when a friend came to my assistance and drew me to the surface; I caught a view, though imperfect, through the curtains of the bath, of my brother who walked upon the Pont des Arts.

Twenty times I was upon the point of committing indiscretions; but I checked myself with the remark I was going to speak, but I must be silent. I cannot describe the thousand and fantastic ideas which passed through my brain during the three hours I was under the influence of the hachisch: they appeared too odd to be believed sincere; the persons present doubted at times, and asked me if I was not making sport of them, for I had my reason in the midst of this strange madness. My cries, my songs woke my child, who was sleeping on its mother's knees. Its little voice, that I heard weep, recalled me to myself, and I approached it: I

embraced it as if I had been in my right mind. Fearing a crisis they separated me from it, and I then said that it did not belong to me, that it was the child of a lady I knew, who has none, and who always envies me it. Then I was out making visits, I talked, I put the questions and replied to them. I went to the Cafe, I asked for an ice, I found that the waiters had a stupid air, &c. After numerous strolls, in which I had met Mr. So and So, whose nose was unnaturally lengthened, although it was already reasonably large, I returned home, saying; "Oh, do see that great rat running in B's head." At the same instant the rat swells up, and becomes as enormous as the rat which figures in fairy story of "*Les Sept Chateaux du Diable*." I saw it, I would have sworn that this rat was walking on the head where I had so singularly placed it, at the same time I regarded the cap of a lady present; I knew that it was really there, whilst B—was only an imaginary being; but notwithstanding I can affirm that I saw him."

Desirous of testing the efficacy of this remedy in cases of insanity, we procured from our esteemed friend, Dr. Smith, Editor of the *Boston Medical Journal*, about two ounces of the pure extract, direct from Calcutta. Most of this we have used in the Lunatic Asylum at Utica, in doses, varying from one to six grains. From our limited experience we regard it as a very energetic remedy, and well worthy of further trial with the insane, and thank M. Moreau for having called attention to its use. Still we cannot say from our experience in what class of cases it is likely to prove beneficial. On several who were demented it had no effect. On some that were melancholy it caused an exhilaration of spirits for a short time. Some felt as if intoxicated soon after taking it; others were made weak and sick at the stomach by it. To some it gave a headache, and some were rendered for a short time apparently insensible and cataleptic. On none had it any lasting effect, either good or bad.

We repeat that we consider it a very energetic remedy,

and hope it will prove a useful one, and recommend attention to it, and the book of M. Moreau, which, in addition to the account of this remedy contains many useful observations on Mental Alienation.—*Ed. Jour. of Insanity.*

AN ESSAY on the use of Narcotics, and other Remedial Agents calculated to produce Sleep in the treatment of Insanity, for which the author obtained the Lord Chancellor's Prize in Ireland. By JOSEPH WILLIAMS, M. D. London, pp. 120. 1855.

This is a sensible essay. The author does not appear to speak from great experience, but he has extensively examined the opinions of writers on insanity, and judiciously arranged the information thus obtained on this important subject. There is nothing particularly new in the work, but we regard it as a valuable collection of most that is known respecting the various remedies for procuring sleep in insanity, accompanied by proper cautions and directions.

The following are his remarks respecting the use of opium.

“There is much difference of opinion as to its utility in treating insanity. Sir William Ellis says: ‘Opium is rarely found admissible in insanity; it more frequently creates heat, and general febrile action, than procures sleep.’ Valsalva and Morgagni proscribed it altogether. Esquirol considers it as absolutely hurtful, but Andral allows it to be useful when there is restlessness without quickened circulation. Cox tried it to an almost incredible extent without perceiving any, even temporary, much less permanent advantage from it; but when combined with digitalis or antimony, sometimes found it useful. Cullen found large doses of opium to be a sovereign remedy in those maniacal cases where delirium is produced by irritation; he repeated the dose every eight hours as long as circumstances indicated; and he subsequently states: ‘In several cases of mania we have employed opium, and in some have found it useful in moderating the violence of the disease, in other cases we have found it absolutely hurtful.’ Dr. Clutterbuck considers the giving opium, or any analogous

drugs in order to procure sleep, is in general, highly injurious, as tending to aggravate the inflammatory condition of the brain. Dr. Armstrong gave opium after bleeding, even when the inflammatory action was not checked. Dr. Sutherland strongly objects to the use of opiates to procure sleep, and trusts to diet, employment, and exercise, with tepid or cold baths.

"A large dose of opium has been known to cure mania. Thus Andral quotes the case of a maniac, who, to commit suicide, took opium, fell soundly asleep, and awoke rational. Dr. Hodgkin has related two instances of the value of large doses of opium where there was a strong suicidal tendency; in each case a large dose procured sound sleep and perfect restoration of health. In a case mentioned by Van Swieten; an insane girl, by mistake swallowed a scruple of opium mixed with vinegar, and was cured. Dr. Hallaran saw a maniac sleepless for forty eight hours; two hundred and forty drops of laudanum were administered in three doses, at three short intervals; sleep approaching to apoplexy continued for twenty four hours, which was evidently the means of affecting an entire and lasting return of the mental faculty.

"Where insanity is caused by long intoxication, opium is especially indicated; and in the treatment of delirium tremens, combined with calomel, may be considered invaluable.

"Delicate and debilitated constitutions, with spasmodic irritability, generally bear opium well; and this perhaps, accounts for its disagreeing less frequently with females than with males. Where the nervous system is the most highly developed, there opium is often the most useful, and is especially indicated in those vigilant and restless cases resulting from nervousness. In puerperal mania, where it has been necessary to deplete or purge, large doses of opium are doubly necessary; and should sleep follow, the attack will generally be alleviated or suspended.

Opium is especially indicated where the system is depressed, when it often acts as a charm, and by its stimulating properties is far more useful than Battley's Sedative, or the preparations of morphia.

Persons afflicted with suicidal mania, generally bear opium well, and in such cases it is very commonly prescribed in this country. On the Continent it has also some advocates. Esquirol, on suicidal mania, says, 'Je puis dire que le quinquina combine avec

l'opium, avec la jusquiame, avec le muse, ont quelquefois réussi en modifiant la sensibilité des maladies, en leur procurant du sommeil.' In suicidal cases it is often important to keep up the effect of opium, and to take every precaution, as in those who are thus desponding, depression returns as certainly as the effects of the opiate cease; these patients are always thinking, and hence it is that sleep is so essential.

If prescribing opium to a person not habituated to its influence, the second dose should be smaller than the first, by combining it with calomel or antimony, or James' powder, it does not so much disturb the usual secretions; there are cases where Dovers' powder, and occasionally even the pulv. cretæ comp. c. opio may be necessary. It is well to remember that when opiates are indicated in cases of insanity, the dose must be large. Combining opium with camphor, henbane, or digitalis, will often be very judicious. With tartar emetic, calomel and opium, in large doses, will often calm the system when there is great restlessness and fever, especially if the head be kept cool. Opium should never be omitted where insanity has succeeded constant intoxication, and in those cases where the countenance is ensanguined with a cold clammy skin, it is especially indicated, and is no less useful in that anaemic state of the brain, where there is great exhaustion, in whatever way produced."

In the *Dublin Medical Press* for Aug. 6th, 1845, is one of the Rejected Essays on the same subject. It is less extended than that of Dr. Williams, but is a good essay, though far less valuable we think, than the one that received the prize.

2. DE LA FOLIE consideree sous le point de vue Pathologique, Philosophique, Historique et Judiciaire, depuis la renaissance des Sciences en Europe jusqu'au dix-neuvieme seicle ; Description des grandes epidemies de delire simple ou complice, qui ont atteint les populations d'antrefois et regne dans les Monasteres. Expose des condamnations auxquelles la folie reconnue a souvent donne lieu. Par L. F. CALMEIL, Medecin de la Maison des Alienes de Charenton. 2 vol. 8 vo. pp 531. 522. Paris 1845.

Insanity, considered in its relation to Pathology, Philosophy, History, and Jurisprudence, since the birth of science in Europe to the present age, describing the great epidemics of delirium that have prevailed, etc.

We have not space to give an extended account of this valuable and learned work, which we have just received. We wish it could be translated and widely spread through our country as a preventive of insanity. The author has described in an interesting manner the various epidemics of insanity that have reigned since the days of Joan of Arc to the time of Mesmerism—as he begins with the former, and ends with the latter. It is not a work of much practical value in the treatment of insanity, but will instruct and interest the man of thought and intelligence.

We shall refer to it hereafter.

• MISCELLANEOUS

SCHOOLS IN LUNATIC ASYLUMS.

We believe the time is not far distant when these will be common in all Institutions for the cure of the Insane, and be considered as among the most important of remedial measures. In the Report of the Royal Hospital of Bethlem for 1844, we find the following remarks on this subject.

“The education of the insane, has been attempted in some Asylums and with considerable success; and it is worth in-

quiry, how far instructions could be introduced with advantage into Bethlem Hospital; first as an obvious benefit to those instructed, but chiefly as a source of occupation to well educated patients. In the principal French Hospitals and in some of the best conducted public Asylums in this country, schools have been established *with the best possible results*: faculties which have been long dormant have been roused, the memory improved, fresh objects of interest created for fixing the wandering mind, and luring it away from distempered fancies."

Exemption of the South Sea Islanders from Insanity.—Capt. Wilkes, Commander of the United States Exploring Expedition, in a letter to Dr. Brigham, says—"During the whole of my intercourse among the natives of the South Sea, I met with no deranged person, and I am satisfied that insanity is a disease incidental alone to civilized life. I am confident that had any instances of mental derangement among the natives occurred, it would have been observed by us."

New Jersey State Lunatic Asylum. We have received but too late for publication in the present number of the Journal, the details of the plan for this Asylum. The building is to be of stone and of sufficient size to accommodate two hundred patients. It will not probably be completed before 1847.

We hope the proper authorities will follow the example of Rhode Island, and the government of Canada, and early appoint a Medical Superintendent, to attend to the internal arrangement of the building while it is in progress—otherwise many small but important particulars will be omitted, and which will have to be added afterwards at great expense. This has been the case with all the Institutions of the kind that we have known, that have not been built un-

der the immediate supervision of one practically acquainted with the care of the insane. We think it, therefore, *wise economy* to pursue the course we have suggested.

Dr. A. Mc Farland, has been appointed Superintendent of the New Hampshire Asylum for the Insane at Concord, in place of Dr. Chandler resigned. Dr. Mc F. is a gentleman of ability, and we presume will manage the Asylum successfully.

Dr. Walter Telfer, of Toronto, Canada West, has been appointed Medical Superintendent of the Provincial Asylum for the Insane at Toronto. The Government is now erecting a large Asylum for the Insane at that place. Sixty-five acres of land are connected with it. It is calculated to accommodate four hundred patients, but will not be completed under two years. At present about 75 patients are kept in a building formerly used as a jail at Toronto, and a temporary Asylum of wood to accommodate 120, will be completed in May. Into these two buildings the insane will be received until the large Asylum is finished. Dr. Telfer has recently visited many of the Institutions for the Insane in the United States and is zealously preparing himself to discharge in a proper manner the duties of his responsible station.

The honorary degree of L. L. D. has been conferred on Dr. Luther V. Bell, Superintendent of the Mc'Lean Asylum for the Insane near Boston, by King's College, Nova Scotia.

Dr. Ray, Superintendent of the Butler Hospital for the Insane, now erecting near Providence, R. I. has recently returned from a visit to the Institutions for the Insane in Europe.

The following works have been received since October.

Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor.

Supplemental Report of the Metropolitan Commissioners in Lunacy, relative to the general condition of the insane in Wales.

Statistical Appendix to the Report of the Metropolitan Commissioners in Lunacy. Folio.

An Act for the Regulation of the Care and Treatment of Lunatics, 4th August, 1845.

An Act to amend the Laws for the provision and Regulation of Lunatic Asylums for Counties and Boroughs, and for the Maintenance and Care of Pauper Lunatics in *England*, 8th August, 1845.

Speech of the Right Hon. Lord Ashley, M. P., on submitting his motions for the Regulation of the Lunatic Asylums. Printed for private circulation.

For the above valuable works we are indebted to the Rt. Hon. Lord Ashley.

Annales Medico-Psychologiques. Journal de l'Anatomie, de la Pathologie du Systeme Nerveux.

Journal de Medicine et de Chirurgie pratique.

Journal des Connaissances Medico-Chirurgicales.

The British and Foreign Medical Review.

The Medico-Chirurgical Review.

The Provincial Medical and Surgical Journal.

The Medical Times.

Dublin Medical Press.

The American Journal of the Medical Sciences.

The Buffalo Medical Journal.

The Illinois Medical and Surgical Journal.

The Bulletin of Medical Science.

Southern Medical and Surgical Journal.

The New York Journal of Medicine and the Collateral Sciences.

St. Louis Medical and Surgical Journal.

- The New Orleans Medical Journal.
The British American Journal of Medical and Physical Science.
The Western Lancet.
The New York Medical and Surgical Reporter.
American Phrenological Journal.
Transactions of the College of Physicians of Philadelphia.
The Medical News and Library.
The Pennsylvania Journal of Prison Discipline and Philanthropy.
The Knickerbocker Magazine.
Columbian Magazine.
Southern Literary Messenger.
Missionary Herald.
Biblical Repository.
The Swedenborg Library, Nos. 1, 2.
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☞ We solicit the attention of our readers to the able charge of Judge Edmonds in the case of Kleim, published in this number of the Journal.

AMERICAN
JOURNAL OF INSANITY,
FOR APRIL, 1846.

OBSERVATIONS ON THE PRINCIPAL HOSPITALS FOR
THE INSANE,
IN GREAT BRITAIN, FRANCE AND GERMANY,
BY I. RAY, M. D.,
LATE SUPERINTENDENT OF THE MAINE INSANE HOSPITAL,
SUPERINTENDENT ELECT OF THE BUTLER HOSPITAL
FOR THE INSANE AT PROVIDENCE, R. I.

An interval of professional leisure, during the last summer, enabled me to gratify a long cherished wish of seeing a little of the Old World, and especially its institutions for the cure of the Insane. My route was determined, in a great measure, by this object, and thus I succeeded in visiting most of the establishments that have obtained the greatest celebrity both at home and abroad. Presuming that the results of my observations may not be entirely devoid of interest to my professional brethren, and perhaps to some others, I am induced to offer them to the public, hoping that they may be productive of good in a department of philanthropy, where much yet remains to be learned. If we would have our course in it characterised by progress, it will be better to dismiss all notions of superior excellence, learn what others are doing, and be willing to receive with a teachable disposition, the lessons they offer us. I fear we have been too prone to believe that our institutions for the insane are far beyond those of any other country, and in a

spirit of self-complacency, have gone on, year after year, copying one another—too often our faults and merits alike—scarcely evincing a suspicion that anything could be learned from abroad. We do not seem to have been aware, that in Europe, these institutions, for the few last years, have received a large share of the public attention, and that intellectual effort and enlightened philanthropy have been devoted to their improvement, to a degree quite unparalleled in America. We should recollect that there, the greater control of the government over all matters pertaining to the public good, and the greater wealth of the community in England, if no where else, give them an immense advantage over us, in improving the condition of the public charities. Here, the let-alone policy which we have rejected in regard to trade, has been too much adopted in measures of philanthropy which are thus abandoned to individuals whose zeal may not be according to knowledge, and whose pecuniary means are inadequate to carry out their undertakings in a generous and lofty style. Their steady, systematic, and intelligent mode of proceeding, strongly contrasts with the fitfulness, irregularity and lack of intelligence that characterise so many of our benevolent efforts, and produce an imperfect and disjointed result. It would not be strange then, if it should appear, that, in many respects, we have been outdone in a field of benevolent and scientific exertion, where we have flattered ourselves that we shine without a rival.

Now more than at any former period, are the insane attracting the public attention, exciting the sympathies of the charitable, and appealing to all the better feelings of men in favor of institutions expressly for their cure. These are getting to be regarded as a distinguishing feature of the times, and one in which it is a point of national honor to excel. The community naturally look for direction on this subject to those who are professionally connected with it. To them is entrusted the responsibility of preparing plans of building, and providing the general and particular arrangements. Their views are regarded as having peculiar value,

and on them it mainly depends, whether our hospitals for the insane shall favorably compare with those of Europe, or present a mortifying example of the most decided inferiority. I see not, therefore, how we can continue to neglect making ourselves acquainted with the condition of the foreign hospitals, without being false to our trust—careless of the national honor, and but half devoted to the good cause in which we are enrolled. If it should appear that our institutions are second to no others, a knowledge of the fact may excite us to fresh exertions to maintain their position, while, if they are really inferior, the sooner we know it, the better.

A minute account of every institution I visited, embracing whatever I saw and heard, might possibly gratify curiosity in some degree, but it would involve needless repetition, and contain much that may be found elsewhere. The object I now have in view will be best answered, by giving only the *results* of my observations, together with such general conclusions as I have been led to adopt on some important points connected with insanity and hospitals for the insane. In doing this I shall trouble the reader as little as possible with information already before the public, and refrain from discussing points that have not a decided practical interest. In the course of my tour, I visited the following institutions, which, with one or two exceptions, were freely opened to my inspection, observing the general features of their construction and management, and learning, to a greater or less extent, the opinions of their superintendents on points of peculiar importance.

Liverpool Lunatic Asylum.

Northampton General Lunatic Asylum.

T. O. Prichard, M. D.

Oxford Warneford Asylum.

F. T. Wintle, M. D.

York Asylum.

Mr. S. Alderson.

York Friends' Retreat.

J. Thurnam, M. D.

Surrey Lunatic Asylum, at Springfield, near London.

Mr. S. Hill.

Leicester County Asylum.

Mr. H. F. Prosser.

Gloucester County Asylum.

Mr. Huxley.

West-Riding of York, County Asylum at Wakefield

Dr. C. C. Corsellis.

Middlesex County Asylum at Hanwell.

J. Begley, M. D. and Nesbitt.

St. Luke's Hospital in London.

Mr. H. Lambert.

Bethlem Hospital, London.

Mr. Wood.

Nottingham General Lunatic Asylum

T. Powell, M. D.

Moor Croft House, Hillingdon.

Mr. A. and W. Stilwell.

Edinburgh Royal Lunatic Asylum.

Dr. Mackinnon.

Dundee Royal Asylum.

Dr. A. Mackintosh.

• Sir James Murray's Asylum, Perth.

Mr. Pierides.

Glasgow Royal Asylum.

Dr. W. Hutcheson.

Belfast District Asylum.

Dr. R. Stewart.

Hospital of St. Yon at Rouen.

Dr. Parchappe.

Royal House of Charenton.

Drs. Calmeil and Foville.

Hospital of Salpetriere.

Drs. Falret, Mitivie, &c.

Hospital of Bicetre.

Drs. Voisin, Moreau, &c.

Drs. Falret and Voisin's Private establishment at Vanves.

Drs. Mitivie and Moreau's Private establishment at Ivry.

Richmond County Asylum, Dublin.

Swift's Hospital, Dublin.

Establishment for the Insane at Siegburg, Prussia.

Dr. Jacobi.

Hospital for the Insane at Illenau, Grand Duchy of Baden.

Dr. Roller.

In the above list I have given the names of medical men who reside in the house where there are such, and where not, of those who have the principal charge of the management. In Great Britain, the establishments for the insane, regarded as to their origin and means of support, may be divided into several classes. Some have been erected solely by the county; some by the county in conjunction with private individuals; some by private subscriptions exclusively; some have been erected and are supported by the government, (naval and military hospitals,) and some are what are called, *licensed houses*, and are the offspring of private speculation. The expenses of the first three classes are defrayed by the income from their vested funds, donations, and a rate of board for each patient which is paid by his friends, or the parish to which he belongs. The greater part of them receive more or less private patients, the higher rate at which they are charged, contributing to reduce that of the paupers. The somewhat prevalent suspicion that private establishments are liable to abuses in which the public ones have less inducement to indulge, or which are prevented by a more efficient supervision, have led to the placing of many private patients in the county asylums, notwithstanding the objections that might seem to arise from

their pauper character. They have no communication, however with the paupers, occupying rooms in a different part of the house, and furnished with accommodations in any style of expense they are willing to pay for. The charge for this class is often as high as two or three hundred guineas per year, for which they have a suit of rooms handsomely furnished, private attendants, carriages, and even gardens appropriated exclusively to their own use. In the Scotch asylums a very large proportion of the patients are private, and the quarter they occupy constitutes quite a distinct establishment. The licensed houses are, many of them, of long standing. The speculation having succeeded, the interest in the concern may have been repeatedly transferred, like a stand in business, or remained in the hands of the widow or children of the original proprietor, and carried on by them, or leased to other parties. They receive public or private patients exclusively, or both together, and their number range from 2 to 600. One gentleman, Dr. Warburton, whose father before him was in the same business, is the proprietor of an establishment at Bethnal Green near London, containing almost 600 patients. Although the interest of the proprietors is liable to conflict with that of the patients, there is every reason to believe that the latter are well treated, and that the gross abuses which gave some of them a sad notoriety, twenty years ago, have almost entirely disappeared. All the English establishments, public and private, are subject to the inspection, and, to a certain degree, the control of the local magistrates, who are in the habit of visiting them frequently, and recommending such changes as may seem to be required; and, though invested with no compulsory power over the licensed houses, they may if they please, refuse to renew their license.

Metropolitan Commissioners in Lunacy.—To produce a more efficient supervision, and to raise the general character of establishments for the insane, by comparing their results,

pointing out defects, and suggesting improvements, a central board was created by Parliament, a few years since, called the *Metropolitan Commissioners in Lunacy*. They are twenty in number, are appointed by the Lord Chancellor, and divide between them the duty of making a particular inspection of every institution, public or private, several times in the year. Though vested with none but advisory powers, they yet exert an influence but little less effectual than a direct exercise of power. Their last report is a document of considerable length and importance, abounding in valuable suggestions and information respecting the English Hospitals for the insane, which we might look for in vain in any other source. But something more is needed than the authoritative tone in which its decisions are pronounced, to ensure them that kind of respect which attaches only to such as are founded on close, careful, and long continued observation of the insane, and a practical knowledge of the working of institutions for their cure. The observations of practical, intelligent and high-minded men though without any special knowledge of insanity, are entitled to the most respectful consideration; because, regarding the subject from a somewhat different point of view, they sometimes see things which may escape the notice of the immediate laborers in the work. But it would not be strange if such persons should sometimes arrive at conclusions prematurely, or commit mistakes that a longer experience would enable them to correct. The visits of the Commissioners are necessarily short and infrequent; and consequently must fail to bring out much that would fall under their notice in a longer stay. A hospital for the insane is not a machine which may be set in motion at pleasure, and its various parts and their manner of working deliberately inspected; but a congregation of men and women morbidly subject to whim, humor and passion, ever presenting some new phasis, and ever producing some new impressions on the mind of the observer. The accidental and adventitious are liable to be mistaken for the necessary and essential. What once ap-

peared to be a flagrant defect, is subsequently found to be an unavoidable evil, and thus are the conclusions of one visit supplanted by those of the next. Some of the Commissioners were well prepared by their tastes and studies, to observe correctly and intelligently; while others who owed their places, more to family or political connexion, than to any apparent fitness for the duty, were exceedingly deficient in the tact and judgment necessary for guiding their inquiries to any useful results. Still, with all these reservations, their report is one of the most important documents of the time, which no one will fail to consult who is at all interested in this subject.

Visiting Justices, Directors, Governors, &c.—A committee of the local Justices of the Peace chosen by themselves, or in case of the subscription asylums, of the Governors who become such in virtue of their subscriptions, is invested by law with the general direction of the county asylums and licensed houses, making the regulations for their management, and appointing and discharging the officers and servants. The board of visitors being constituted of gentlemen who have directly contributed to the funds of the establishment, or belong to the county which has a pecuniary interest in its proper management, it would seem as if a wise and faithful direction were effectually secured. But here as elsewhere, human nature will show its infirmities. The small share of the individual in the general interest, is swallowed up in the more direct and personal interest that springs from his official relations. The most of them can have but a vague idea of the duties of their office, yet they are naturally pleased with the exercise of the power it confers, and especially that kind of it most pleasing to a certain class of minds—the power of patronage. Delegating no power which they can possibly exercise themselves, and constantly hampering those whom they have entrusted with any, it has come to pass that the English asylums have probably been directed with less intelligence and disregard of unwor-

thy considerations, than any on the continent, or in America. The visiting Justices have been described by one who has seen much of them, as "on the subject of insanity, profoundly ignorant, individually irresponsible, and collectively despotic." Indications of the spirit in which they exercise their functions, may be gathered from the rules they have made; and it is a spirit which can form no higher idea of the duties and characters of those who are charged with the care of the insane, than by regarding them like those of the keepers of jails, workhouses, and prisons.

I shall have occasion in the course of my remarks, to notice some of the results of their direction, and just now shall only allude to one which is strongly calculated to impede the progress of these institutions in a course of steady improvement. The law vests in them the appointment and discharge of the officers and servants, and the exercise of this prerogative is supposed to be not disagreeable to the visiting justices, as they could readily procure a change in the law if they wished it. In a country where the position of every individual in society is less fixed and stable, an insane hospital could hardly live a week under the embarrassment of such a rule, and in England it is evidently the source of incalculable mischief and trouble. In a few instances, the visiting justices have relinquished the privilege to the Superintendent, and been seriously rebuked therefor by the Metropolitan Commissioners. The appointment of the servants in this manner, would seem to be attended with less difficulty, than their dismissal; but the idea of an assembled body of nobility and gentry, country squires and retired tradesmen, clergymen and lawyers, gravely discussing the qualifications of an individual brought before them, for being an attendant on the insane or a scullion in the kitchen, has in it something of the ludicrous, quite at variance with our notions of the dignity of such persons. No doubt, the advice of the Superintendent may be received, and may influence their decision, but if always followed and as a matter of course, the exercise of their prerogative would seem to

be needless, while if disregarded, there is implied a conflict of views that cannot but be followed by evil consequences. Which party is the better judge of the suitableness or unsuitableness of certain persons for taking care of the insane, a body whose knowledge of insanity and of the insane, is the fruit of an occasional visit to an asylum, or he who has devoted his life to their observation and care, and whose reputation and livelihood are involved in the correct management of the institution, is a question that no one, under the dictates of plain common sense, would hesitate for a moment how to answer.

I was curious as to the immediate working of the rule which seemed likely to bring the Superintendent into direct collision with his servants on somewhat equal terms. In answer to my inquiries on this point, I was told by the physician of one of their institutions, that when he requested the removal of an attendant, they were sometimes both summoned before the board, and required to tell their respective stories. "Does the Superintendent always prevail?" I inquired. "No," was the reply. "Not long since, I requested the discharge of a female attendant for repeated drunkenness. We both appeared before the board. The charge was not denied, but she was retained until the occurrence of another drunken fit, when her discharge was permitted." In a pamphlet recently published, entitled a "Letter to Lord Ashley on the general government of Lunatic Asylums," and signed "The Matron in a Lunatic Asylum," many of the questions much agitated at the present time, are discussed with uncommon ability. She thus vigorously deals with the law respecting appointments and discharges.

"The responsible officers are dependent on the servants for the efficient carrying out of all their plans; their success therefore, materially depends on the moral influence they possess, not only over the patients, but the attendants also: the best organized plans and treatment, founded on the best principles, may be defeated by the carelessness, inexperience or unfaithfulness of these persons. I put the case to you my

Lord—what would be the state of your own household, with all the advantages of wealth and ease, if before you could discharge any of your servants for negligence or misconduct you must make your case out before a court, who are unable to comprehend in what the duties of your servants consists? Would you not walk in your house as a man unjustly fettered? Would you not, to avoid the impertinence of an uneducated servant, who felt he had the power of appeal against you, pass over any trifling omission requiring reproof? And would you not rather retain an inefficient servant, than expose yourself to so painful an ordeal? If the Superintendent of an asylum abuses the power of hiring and discharging the servants, he ought to be dispossessed of his office, as no longer competent to the right discharge of his duty; but to retain him as a responsible and yet powerless officer, cannot fail to produce an effect on the condition of these institutions—ruinous as to discipline, ruinous in its moral influence on the whole establishment, and ruinous to the welfare of the insane, inasmuch as high-minded and faithful men will one after another throw up their appointments, and this solemn trust will fall into the hands of those who will be satisfied to ‘get on as they can.’”

The reason assigned for this singular regulation is, that the servant being independent of the officer, will have less hesitation in exposing the short comings of his superior, than he would, if by so doing he would be liable to lose his place. The reason implies a very low estimate of the character of the officer, for it seems to be presumed that he is strongly inclined to abuse his trust, for it cannot be supposed that a regulation confessedly mischievous would be adopted, merely to prevent another evil not very likely to happen. It is quite obvious indeed, from the general tone of their *regulations*, that an unremitting and most scrutinizing surveillance of the officers, is supposed to be necessary to the successful management of an asylum. The suspicion is never to be dismissed that these gentlemen are ready to take advantage of any opportunity to go wrong, and need to be

hedged in by a system of checks and balances. The Superintendent is very much regarded in the light of an upper-servant of some cleverness and honesty, rather than of a gentleman whose talents, moral worth, and scientific attainments, have raised him to a highly responsible, arduous, and honorable position in his profession.

A reason for the regulation in question, full as strong, though, of course, not acknowledged, is, that it affords an opportunity for the exercise of the patronage-power which is not to be lightly relinquished. Although the wages of their attendants and servants are less than they are with us, yet the superabundance of labor renders places of this kind highly desirable, and, consequently, they are eagerly sought for. In the exercise of the appointing power, a favor is dispensed and an obligation is incurred, that may redound in some way to the benefit of the obliging party. True, the helping of a servant to a place, would seem to be a privilege hardly corresponding to the dignity of the class who exercise it, but this consideration is allowed to have but little influence, when a dependent may be placed beyond the need of future assistance, or a powerful friend obliged. At the very least, the simple abstract love of patronage is gratified, and that is something to those who may never have had the opportunity before.

An instance of the kind of jealousy above alluded to, appears in one of the rules of the Lincoln Asylum, as mischievous in its tendency, as it is indicative of inconceivable meanness in those who made it. "Each patient discharged recovered shall be questioned by a deputation of the board, not only with respect to the treatment of himself or herself, but also as to the treatment of the other patients." In the same spirit it is enacted, that "no Resident in Lincoln shall pass a night in the House, or be entertained at the charge of the Institution; nor shall any Non-resident, without an entry of the fact in the House-Surgeon's Journal."

A Register is often kept in the porter's lodge or doctor's office, in which the visitor is requested to enter his name, and

some other circumstances, and this was sometimes evidently not merely a matter of form. A friend of mine informed me that on leaving an institution which he had visited, the Superintendent walked down the road with him. When they had gone nearly a mile, the gentleman suddenly stopped and remarked with much concern, that my friend had not entered his name in the visitor's book, that the Justices might hear of his visit and would think it strange if his name were not there, and begged him to walk back and make the needful entry.

In some establishments the visiting justices even participate in the executive management, upon the idea that none can be trusted but themselves. At Hanwell, they furnish themselves with keys and enter the wards, changing attendants and patients from one gallery to another, and dispensing their orders with the utmost freedom. It is not strange that under such management, this institution should have been filled with confusion and disorder; nor can we wonder at the remedy such persons adopted, to counteract the effects of their own mischievous interference. Conceiving that a little military discipline would meet the exigency of the case, they installed into the office of Superintendent, a half-pay military officer. Of course, this arrangement could not last long, but I could not learn that any wisdom was learned from such experience.

In France, the public establishments have originated and are supported in various ways. Some originally constituted a part of a hospice or alms house; others have sprung from religious houses; and a few have been created directly by the departments in which they are located. The medical men are appointed by the Minister of the Interior from a list of three nominated by the General Council, and selected from a body whose training has given them peculiar qualifications for the office. The chief medical officer exercises paramount authority in everything connected with the interests of the patients. As in England, the expenses are de-

frayed by a charge upon the patients, paid by their friends, or the district to which they belong.

Officers.—No officer in the British asylums corresponds in all respects to our Superintendent who is the chief of the establishment, and vested with paramount power. There the officers are entrusted with less power, and that is more equally divided between them. Thus responsibility is frittered away, and that unity of plan and of purpose so necessary in maintaining the ordinary routine of service, not to speak of any higher end, is entirely wanting. In one of the largest establishments in the country, I found that the officers themselves were not quite clear as to the exact limits of each other's responsibility. If the resident physician prescribed medicine, his prescription was liable to be countermanded by the visiting physician; if he moved a patient or attendant from one gallery to another, the matron might move them back again; and if the matron shut up a patient in her room, the visiting justices might, and probably would, order her to be enlarged. Thus each one was constantly interfering with somebody else, and preparing for some fresh jealousy, or heart-burning, disorder or dissatisfaction.

The organization of the government of the hospitals for the insane seems to have been derived from that of the ordinary hospitals, and at a time when the management of the insane was very different from what it now is, there was no very obvious reason why it should not be so. There was, accordingly, in the insane as well as the other hospitals, a physician or surgeon who should visit the patients two or three times in the week; a house-surgeon or apothecary, to live in the house, prepare the prescriptions of the physician, and be ready for accidents and emergencies; a steward to manage the finances and household economy; and a matron to look after the female patients. It was not perceived that there should be a radical difference between the management required for patients laboring under diseases of the body, and that most suitable for persons smitten with disor-

ders of the mind. To this cause is to be attributed chiefly the slow progress which institutions for the insane have made in the way of improvement. The officer in the immediate charge of the patients had the least power to minister to their moral necessities, even if capable of perceiving and appreciating them, while the one who had the power, could see nothing in his hasty and infrequent visits, to call for its exercise. Even after the gross abuses that resulted from this management, were unfolded, it was attempted to remedy them, not by cutting off the source of the evil, by putting the establishment into the charge of men possessing moral and scientific qualifications of a high order, and invested with the necessary power for carrying their views into effect, but by making stricter rules and a more searching espionage. In short, they expected to produce fidelity to trust, by operating on the sentiment of fear, rather than by appealing to that zeal and devotion to duty which spring only from high moral aims and a laudable desire for scientific distinction. Latterly there has been a disposition to perceive and correct this mistake, by magnifying the office and character of the Superintendent, and rendering them more honorable. But with the attachment of the English to established usages, and especially to the patronage-power, it will probably be long before they adopt the simple and efficient system of executive government which prevails in the American and German asylums.

In nearly all the English institutions—in all indeed of much reputation—there is a medical man residing in the house, and variously styled in different places, as the *Physician*, *House-Surgeon*, *Director*, *Medical Superintendent*, *Resident Physician*, etc. There is always also a *Visiting Physician* who resides in the neighboring village, and visits the institution a certain number of times in the week. The respective duties of these two officers are loosely defined, and the part taken by each in the management, varies very much in different places. In some, the functions of the visiting physician are exclusively medical; while in others, he has more

or less share in the general management of the establishment. In some, he seems to be intended for ornament rather than use, his visits being a mere matter of form, while the resident medical officer is the real chief, and so considered abroad. In others, the visiting physician is the fountain of all power which the Justices have not kept to themselves, and directs the whole management, the duties of the resident medical officer being confined to the execution of his orders, which may be so general that the former reaps all the credit of their success, and avoids any responsibility that may be incurred by their failure. In the rules of the Lincoln Asylum, the House-Surgeon is expressly forbidden to enter the galleries of the female patients "without the attendance of the matron or some responsible female." Even in this unworthy position, the resident physician is made accountable for the general condition of the establishment, and in one case at least, the very high character of one of the best institutions I saw, is the result of his indefatigable and intelligent efforts, while his salary is but little more than that of the visiting physician who makes two or three visits in the week, and obtains, probably, more than an equal share of the credit. Between these two extremes in the respective shares of duty borne by the medical officers, there is every intermediate variety. It needs but little sagacity to perceive that such an arrangement must be productive of barren or mischievous results, but those who have the control of the English Asylums cannot, or will not perceive it, for a change here too, would involve a sacrifice of the patronage-power.*

* At one time, as I have been informed, the two visiting physicians of the L—— asylum, who served in rotation for periods of three months, entertained antipodal views respecting diet and medical treatment. Accordingly, during the quarter's attendance of one, the patients had a plenty of nutritious food, a liberal supply of beer and tobacco, and a tonic system of treatment. When the other officiated, all this was changed. Water-gruel became a frequent article of diet and rigid tetotalism prevailed throughout the house.

A medical friend who examined some of the metropolitan insane establishments in February of last year, has given me the following minute of his observation of the working of this system in a single instance. "After having

As the case stands at present, the position of the Superintendents is not that to which the moral and intellectual character of the men, and, their distinguished services to humanity and science, abundantly entitle them. Served by attendants independent of them and "chosen," says Dr. Conolly, "by those who wholly disregard their views," hampered by a visiting physician who may thwart them at every turn, suspected and watched by directors unable or unwilling to appreciate their views, it is not easy for them to

visited a number of the larger private asylums, such as Sir I. Miles' at Hoxton, the White and Red Houses at Bethnal Green, and Whitmore house, I took advantage of a letter of introduction, kindly tendered to me by Dr. Begley of Hantwell, to the Visiting Physician of the ancient and well known Hospital of St. Luke's in the City, in which my peculiar objects were stated, and soliciting the attentions of Dr. S. to show me that hospital, as well as some private establishments owned or directed by him, for singular as it would appear to us, with our views of professional elevation, there is no inconsistency in an individual there being in the honorable post of director or head to a great public charity, and engaged at the same time in the business speculation of a private establishment. After spending two or three mornings in fruitless attempts to wait upon the Doctor at his own house, I luckily found him at St. Luke's on the day of his *weekly* visit. I congratulated myself on the opportunity of witnessing the mode and prescription of the medical chief of a famous London hospital, as I was invited, after my letter had been sent up, to join him in a nurses' or day-room where he was "doing up" the curative business of the week. The physician and his apothecary were seated on each side of a table, and such patients as had been adjudged, by whom I did not exactly understand, to be proper recipients of professional aid, were arranged on seats about the room, with attendants waiting to preserve order and make report of facts. One by one, they were called up, pulse felt, tongue looked at, and some simple placebo, light purgative or insignificant trifle directed. The patient was asked questions about his bodily feelings, and the attendant in the *patient's presence* enquired of about his personal habits, peculiarities and delusions. This, of course, brought the lunatic and his keeper into direct collision, and was succeeded by denials, recriminations and vituperation on the part of the former. In repeated instances, at that one session, the patient was hurried out of the room in a state of high excitement. The replies and manner of the attendants were not such as to impress me favorably as to their habitual sympathy, and it was painful to see the female patients compelled to refer to their domestic matters, as motives to early discharge, in presence of all the others.

After dispatching a seat full of females, we crossed over to the other side of the house, where the same farce was repeated. Whether the medicines prescribed were to last the week, till the Doctor came again, or whether the apoth-

carry out any enlarged plans of improvement, or even to elevate their management much above the level of the ordinary hospital virtues of unexceptionable cleanliness and good diet. That they frequently have, in spite of all these obstacles, given a memorable impulse to the cause in which they labor, is a proof of their energy and ability, rather than of the merit of the system. It is not surprising therefore, that, tired of struggling with the difficulties of their position, several of their most distinguished Superintendents have recently resigned their office.

In some cases, there is an assistant physician who corresponds, in most respects, to the assistant in our asylums.

The Matron has but little to do with directing the details of the household economy, but much with the management of the female patients. In some establishments, she is the principal member of the government on the female side of the house, completely controlling the service, and yielding

ecary was allowed to direct treatment in the interim I did not learn. The patients were examined and prescribed for, as far as the chief's part was concerned, at the rate of about fifteen to the hour.

I had the interest to inquire of some of the bona fide medical heads of other English hospitals, as to the rationale of a system so palpably absurd and behind the age. I found they appreciated its exact value to the patients, precisely as I had done, and could only explain its continuance, as many other things in that country are accounted for, that it was an old prescriptive part of the regimen, and that innovations and improvements touched more or less personal interests, and therefore could not and would not be sanctioned.

After Dr. S. left, which was as soon as he had run over his two lines of patients, (making no reference to his private madhouses,) the apothecary, a very intelligent and polite young man, had the kindness to take me over the house. I found some improvements in its state as compared with 1840, when I had visited it, particularly that chains were not, as then, in common use, and a portion of the patients were permitted to use knives and forks (of peculiar guarded patterns it is true,) instead of bits of bone. Still I could not learn that the great modern changes in medical and moral treatment, which have been spreading over England so generally within this limit of four years, had at all reached a place which from its metropolitan location, its age, its selection of favorable cases for treatment, might have *a priori* been expected to have been a first class institution. Our American use of sedative measures, favorably introduced in many institutions was evidently unheard of here."

to the physician only in the matter of medical treatment. In one instance, I found that the matron regulated the admission and discharge of the female patients, fixed upon the terms, and maintained the correspondence with their friends. In the Surrey asylum, and I believe, in some others, the rules accord to her the right of recommending to the Justices, suitable persons for attendants.

The functions of the Steward are very similar to those of the same officer with us, except that he has much to do with the details of housekeeping which fall within the province of our matron, and he never officiates as Treasurer of the institution, as he frequently does with us.

In the French establishments, the medical service is performed after the fashion of the ordinary hospitals, by one or more physicians who go through the house every day or two, and by internes, as they are called, or house-pupils. The visiting physician is invested with supreme power over the medical and moral management, appoints the attendants and some of the subordinate officers. Although he does not reside in the house, he spends more time in it, and is better acquainted with the patients, than the corresponding officer of the English establishments, yet his attention must be much taken up with the medical treatment and the general condition of the house. He cannot, of course, have that minute acquaintance with the notions and feelings and wishes of the patients, which our Superintendents have, who live under the same roof, and see and converse with them often. His services must necessarily fall far short of the standard by which Esquirol would measure them, who says that "he should have much time at his disposal, and make as it were an abnegation of himself—he should visit them many times in the day, and even during the night, and not be satisfied by a morning visit, as in ordinary hospitals."

They have a Director corresponding to our Steward in most respects, who is appointed by the Minister of the Interior. They have no matron.

In the European institutions, the resident officers are quite

separate in their domestic relations, forming distinct establishments of their own. This is congenial to their tastes and in accordance with their social usages, and therefore right and proper. I cannot but think it fortunate, however, that our usages permit, if they do not require, a more intimate and family-like association of the officers, whereby they naturally cultivate a sympathy and interest in one another, that leads to a heartier co-operation in laboring for their common charge. The organization which prevails in our institutions is, under all the circumstances, the best that can be devised, embracing a physician who resides in the house, completely controlling the management of the patients, and everything relating to their welfare, appointing and discharging the attendants, and responsible for the general condition of the establishment—an assistant physician seconding his views, sharing his labors, and thus enabling him to “discharge his responsibility to science,” using the language of Jacobi, “for the results of his medical observations, and for the promotion of his own advancement as a man and a philosopher”—a matron to direct the housekeeping, and superintend the work and clothing of the female patients,—a steward to manage the financial and out-of-doors concerns, and provide for the subsistence of the whole household. All the officers are usually appointed by the Directors, but the assistants should, virtually at least, be appointed and discharged by the Superintendent alone.

If this organization does not always work well, the difficulty may be generally traced to those infirmities and unworthy motives which would vitiate the working of any plan however perfect. The ingenuity of ill disposed men will readily find means to gratify their wishes; and so long as there is a single individual concerned in the direction or management of an asylum, who is actuated by any other than the purest motives, just so long, and to the extent of his power, will there be difficulty and trouble. If the Directors are appointed to their office—as they are in some of our State

asylums—in consequence of their connection with a political party, rather than any presumed fitness arising from moral or intellectual eminence, can it be reasonably expected that they will be governed by any higher consideration, in their appointments? True, such persons may believe, or affect to believe, that while promoting their selfish ends, or indulging feelings they would be ashamed to avow, they are best consulting the interests of the institution. And thus it is that men are sometimes entrusted with the difficult and delicate task of taking care of the insane, who would not have been thought of for that purpose, save on account of their political position and services. The only remedy for such and kindred evils, is to excite in the community a healthier tone of feeling on this subject, which shall frown upon any and every attempt to prostitute the most sacred of charities to the promotion of the most unworthy ends.

Compensation of Officers.—The officers in the foreign asylums are, generally speaking, not so well paid as ours are. There may be occasionally one whose salary is equal to the highest in our country, but for the most part, they fall below what would be paid here in corresponding circumstances. From £150 to £250 is the common compensation of the English, and with this, they also have the board and lodging of themselves and families. At Seigburg, the salary of the superintendent is less than \$1200, and at Illenau, it is less than \$1600, in both cases with the perquisites of dwelling, lights and fuel, but not board.

Site of the European Asylums.—No one who visits the English asylums, can help being struck with the beauty of most of their sites, and the good taste that presides over all their outside arrangements. Many of them are placed on eminences which command an extensive view of the adjacent country, the field of vision embracing hill and valley, wood and water, in their most agreeable combinations: while fields of grass and tillage divided by hedges and trees, gra-

zing herds, cottages and country-seats, form the nearer features of a landscape reposing in the softened light of an English sun. The Leicester asylum is peculiarly fortunate in its site, which must be a source of unfailing interest to its inmates—some of them at least—who could never tire of the rich variety of the scene around them. The country too, seen from the asylum at Perth though marked by the bolder features that characterise Scottish scenery, is perhaps, unrivalled for its beauty, while its interest has been heightened by the witchery of the poet's spell. The Tay and its lovely valley, Scone, high Dunsinane, and the Grampian hills, invest with a moral charm, a view whose lengthened outline stretching far away in the distance, reminds one of those masterly pieces of perspective in Ruysdael's pictures, where the eye ranges along an interminable line of objects which gradually fade away with such a natural indistinctness, that it strains itself unconsciously to penetrate through the deepening obscurity. The site of Jacobi's asylum at Siegburg does infinite credit to the good taste of the monks who selected it for their abode. Perched upon a rock that rises abruptly from the plain, it overlooks a scene of remarkable richness and variety. Below, at the base of the rock lies the little village, while farther on the country opens into a wide expanse of richly cultivated fields through which the Sieg rolls its placid waters. Beyond these to the west, the observer may discern the spires of Bonn and the height of Krewzberg rising behind it, and catch an occasional glimpse of the Rhine until it is completely shut out of view by the lofty range of the Seven Mountains and the Drachenfels.

It may not always be in our power to select a beautiful site, but there are other requisites which we can and ought to obtain. An asylum should have a plenty of land and an unfailing supply of water, and a light, dry soil is to be preferred, for the greater facilities it presents for draining and making clean dry roads and walks. A clayey soil about an asylum is a source of perpetual annoyance. It should be near, but not too near, a town whence the means of subsist-

ence, mechanical labor, &c., can be readily obtained. If too near, it has not the necessary degree of seclusion, and this evil is liable to be increased by the growth of the town, until the establishment is completely surrounded by shops and houses. Nothing can be so misplaced, so abhorrent to all our ideas of propriety, as an asylum for the insane, in the midst of a busy town, especially in this country where the grounds are seldom enclosed by a wall, and consequently freely open to the idle and curious.

Grounds.—The grounds around the British asylums are laid out with great taste, and often in a style of elegance never witnessed in this country. The approach is generally by a serpentine, gravelled road winding along from the gate in the outer wall which always encloses the establishment, among trees, shrubbery, and flowers which are well calculated to make an agreeable first impression, besides furnishing a delightful retreat to the inmates. At Wakefield, the carriage-road is bordered for several rods, by a thick growth of shrubbery and forest-trees which completely conceal the buildings from the view. The approach to the Surrey asylum is through a park whose fine, large trees secure it from the public gaze. I was particularly struck too with the grounds of the York Retreat, which have been laid out and embellished with remarkably good taste.

I saw no establishment, however, which, in this particular, could be compared with the private one of M. M. Falret and Voison, at Vanves, near Paris. In addition to numerous gardens appropriated to the different classes of patients, there are about 100 acres laid out in the finest style of landscape gardening, and one might ramble about them for hours without exhausting all their beauties. The natural inequalities of the surface have been skillfully turned to account in magnifying the idea of its extent, and increasing the number and variety of its views. A path up the rising ground leads through a solemn grove, to a view of Paris and its beautiful environs, and another brings us unexpectedly in front of

an elegant little chapel embosomed in trees. Here, a rivulet, guarded by rows of willows and poplars, rolls along its babbling waters; and there attention is arrested by a magnificent bed of flowers. Belts of the densest shrubbery line the walls and completely hide them from the sight. Every turn brings some new feature of the landscape into view, and discloses some beauty not observed before. Grounds thus arranged are capable, if anything in nature is, of arresting the attention of the violent and excited, diverting the melancholic from their distressing fancies, furnishing inexhaustible occupation and delight to the convalescent, and touching, in all, even the least cultivated and refined, that strong feeling of sympathy with nature, which often survives the wreck of all other feelings.

Esquirol's establishment at Ivry, now in charge of M. M. Mitivie and Moreau, is placed in the midst of grounds which though somewhat flat, are thrown into the various forms of park and garden, and by skillful planting have been converted into another garden of Armida.

The English especially attach much importance to gardens and highly cultivated grounds around their establishments for the insane. Habitually accustomed as they are, to see their ordinary dwellings embellished in this manner, they cannot tolerate the nakedness of unplanted grounds; and associating all their ideas of comfort with retirement and seclusion, they implicitly require that these retreats for the afflicted and sorrowing, shall be sheltered as much as possible, from the public gaze. Hence, even the grounds of a hospital designed exclusively for paupers, are usually embellished in a manner that would excite universal admiration in this country in any connexion. It would seem, at first sight, somewhat strange, that a people so sensible, as ours are, to beauties of this description, when brought before them, should have done so little towards creating them. It arises in some degree, no doubt, from the want of a cultivated taste, but chiefly from a spirit of economy that grudges every dollar not devoted in our charitable institutions, to

strictly useful purposes, and regards every provision for gratifying the sense of the beautiful, as an unwarrantable luxury. Frequently, not a foot of land can be wrested from the purposes of tillage or pasture, over and above what is required for a carriage road approaching the house by the shortest possible route and terminating at the front door, in a space just large enough for the carriage to turn around in. A foreigner, on visiting some of our establishments for the insane, and without any previous acquaintance with the country, would draw the conclusion, that land is here an article of incalculable value, and that trees and flowers are a class of luxuries altogether beyond our means. It is to be hoped, however, that a better spirit will soon prevail, and that with the means at our very doors for embellishing the grounds around our asylums, we shall never be contented in any case, with a bald and monotonous surface, where no tree, nor shrub, no fountain, nor rural arbor, no mound nor lake, is allowed to add a single feature of beauty to the scene. It is a great mistake to suppose that such things are designed to please the taste of the sane members only of the establishment, and are not among the legitimate means and appliances for improving and restoring the insane. Insanity is so grievous a misfortune, asylums are so apt to be regarded in their least pleasing relations, as places of confinement and restraint, and the pang is so sharp of parting with friends at the time they seem to need our attentions most, and entrusting them to strangers, that no means, should be neglected to deprive our asylums of their prison-like features, and assimilate them to ordinary abodes of domestic ease and refinement. Let the unhappy sufferer see that, though in the midst of strangers who may be associated in his diseased imagination with the enemies of his peace, he is surrounded by the beautiful forms of nature in which his spirit may possibly rejoice and sympathize. And let his friends too, when they think of his abode, be able to dwell upon an image whose features are all pleasing and cheerful. Every one who has had charge of an asylum, knows how impor-

tant it is that the first impression it makes, should be agreeable, for in a large proportion of cases, we may be sure it will be of that character or the opposite. Approaching it as they do, with their minds full of apprehension and distrust, ready to torture the slightest displeasing circumstance into an augury of evil, it is doubly necessary that nothing in the outside arrangements should meet their sight, calculated to cherish their delusions, but much on the contrary, to strike their fancy agreeably and awaken a healthier class of emotions. In selecting a site for an insane hospital, therefore, we should not only consider the prospect it affords, but its capability of being embellished by the art of landscape-gardening. I do not propose that every establishment hereafter to be erected, should, in the very outset, present a creditable and charming specimen of this art, for that would manifestly be beyond our means. But what we can do, is to make a beginning, without which we shall do nothing,—to obtain plenty of land and favorably situated, fix upon the general features of the landscape, and fill them up as means and opportunity permit.

Architectural Construction.—In Great Britain, there is considerable diversity in the general plan of construction, but as great a degree of uniformity in the arrangement of the details. The older establishments are built of brick, three stories high, with a rather prison-like exterior. Those which have been erected within the last ten years, make a far better appearance. The most of them are built of the lime-stone of the country, and though quite destitute of architectural decoration, they present no gross violations of good taste, and make, on the whole, quite graceful structures. They are generally two stories in height above the basement, through most of the building, but the line of elevation is broken at one or more points, on each side, by projections that rise an additional story higher. These improve very much the architectural effect, while they add essentially to convenience, as they may be used for a variety of purposes.

The Leicester and Northampton asylums are among the best constructed in this way, especially the latter, which being built of a cream-colored limestone, has a very light and cheerful aspect. The Surrey and Glasgow asylums recently erected, are very creditable specimens of Tudor-Gothic architecture, and though the more ornamental elements of this style have been sparingly introduced, no one can help admiring the general effect. The latter built of a greyish sandstone is a beautiful and imposing structure, presenting to the approach from the town an elevation nearly 1000 feet in length, diversified by projections of different kinds which, while serving some useful purpose, have been readily made of a highly decorative character at a trifling expense.

The prevailing arrangement of the British asylums is, that of a central building appropriated to the domestic offices, the apartments of the officers, and those of the high paying patients. From each end of this extends on the same or a parallel line, a wing over 100 feet in length and from the end of that and running back at right angles with it, another wing of about the same length, so that the whole structure forms three sides of a quadrangle. The Wakefield and Dundee asylums are built in the H form, as it is called, in which the part corresponding to the connecting bar, is appropriated to the domestic officers &c., and the other parts to the patients, the day-rooms and work rooms being at the point of intersection. The Bethlem hospital in London, though of not a very old date, is built in the *lineal* form, the most of the buildings being ranged upon the same, straight line, except an occasional projection. Another form of construction has been used in a few instances, which, however, I did not see, in which the buildings radiate from a common centre.

All the French establishments which I saw are constructed upon Esquirol's favorite plan, in which the erections designed for the different classes of patients, are in the form of so many quadrangles, one side of which is usually formed of a trellis-work of wood or iron, and the area being an entire-

ly open yard, or containing a garden. The erections are mostly of one story and consequently must occupy a considerable space. The air of meanness which would be likely to attach to such a style of building, is prevented in some degree, by the courts and gardens, trees and shrubbery, which are plentifully interspersed among the quadrangles.

Some of the latest German establishments are constructed on a most liberal scale of dimensions. At Illenau the buildings form one large quadrangle, and, owing to its great extent and numerous projections, appears from the railway, more like a hamlet than a single establishment. They are two stories in height, except the projections which are three, and a colonade runs around the internal face of the buildings, the airing-courts being placed on the outside.

The plan of building is important, of course, in an architectural point, but chiefly as it contributes to produce those internal arrangements on which the welfare of the patients depends; and these must be determined in reference to the number and social condition of the inmates, the tastes of the people, the form of the disorder, and the climate of the country. Each one has its merits, and each has been deemed preferable to all others by those who have found it free from the particular evils that have strongly pressed on their attention. No plan can possibly be devised that will be completely unobjectionable, for disadvantages and inconveniences will be found in the best. To secure one advantage, it is often necessary to sacrifice another almost equally great, and the final result must proceed from that nice balancing of merits and defects to which those only are adequate who have had much experience in managing the insane. There are some general principles on the subject which may be considered as settled, and which should never be neglected, although they frequently have both here and elsewhere.

One story buildings increase the labor, and the difficulty of surveillance, and are quite unsuitable in our cold climates. Third stories should also be avoided, if possible. It is better to obtain the requisite room by extending the erections,

than by increasing the stories above the second. The different parts of the building should overlook each other as little as possible, and should be under a continuous roof, or at least, communicate by a covered way. Free admission of air and light, and facility of warming and ventilation must be regarded as indispensable requisites. If the object be to accommodate a large number of patients at the least possible expense, perhaps no general plan of construction is preferable to the radiating, as it combines, in the highest degree, the important requisites of economy of labor required in the service, facility of surveillance, and cheapness of construction. For the accommodation of a number as large as ever should be brought together in one establishment, the plans adopted in the later erections in England and Germany, I regard as much to be preferred. It struck me that the requirements of such an establishment as we need in this country for all classes of patients, were more perfectly combined in Roller's at Illenau, than in any other which I saw. I do not mean, however, to approve of the general arrangement of its buildings in regard to one another, in which I think there is an essential defect, the two sexes not being sufficiently separated in the area of the quadrangle.

It is to be hoped that in future more attention will be given to the architectural effect of our buildings. None of them can be admired for this quality, and many can scarcely be distinguished from the ordinary run of cotton factories. They present to the eye a dreary expanse of brick-wall, or it may be of stone, perforated with numerous holes to let in the light, called windows by a kind of poetical license, without a single projection, nor even a string-course nor a drip-stone, to relieve its tedious monotony. This has arisen in a great measure, from considerations of economy, but never was there a greater fallacy than the idea that a chaste and elegant design is necessarily expensive. No doubt, any amount of money can be expended in mere architectural decoration, but this is not requisite to the end we have in view. The difference in the expense of a struc-

ture destitute of every pretension to architectural decoration, and one highly satisfactory and pleasing to a cultivated taste, is a trifle too small to be considered, when building for centuries to come. The strangest misconception prevails among us touching the real elements of architectural beauty; for all our attempts seem to result in a monstrous dome, or a Grecian portico which has no necessary relation to the general form of the structure. A building essentially mean and meagre can never be improved by such embellishments, and one which has any feature of beauty in it cannot need them. However elegant they may be in themselves considered, they do not impart that quality to the rest of the structure, while the very simplest contrivances that spring out of and harmonize with its forms and spirit, such as an occasional string-course, a hood-moulding, a projecting window or even a projection of a brick, by relieving the monotonous masses of dead wall, contribute so far to produce a pleasing effect. However we may be inclined to disregard all merely architectural considerations, it may be well to bear in mind that a generation is coming after us which will pass a severe judgment on our works. If we are at all accountable for the manner in which we use the light we have obtained, are we not under a moral obligation to render our hospitals which are among our largest and most expensive buildings, worthy specimens of a chaste and simple style of art?

Probably no better style can be used for the construction of hospitals for the insane, than the Tudor-Gothic, or the style used for domestic purposes in the time of Elizabeth, and which, in the Surrey and Glasgow Asylums, is shown to be admirably adapted to this purpose. Admitting of great latitude in the amount of decoration, a very pleasing effect may be obtained at a comparatively trifling expense. Many of its peculiar features may be turned to a very useful account, as well as to purposes of mere embellishment. For instance, the variety which it admits, in the form and size of its doors and windows, will be found exceedingly convenient in regulating the admission of air and light, and by means

of its projections some special objects may be obtained, which, in any other style, could not be obtained at all, or only by marring entirely the general appearance of the structure. This kind of flexibility, too, renders it easily susceptible of the alterations and additions to which these institutions are peculiarly subject. If ornament is required, a tower or pinnacles will be found full as pleasing, at half the expense, as granite columns and tawdry cupolas.

General appearance within.—On entering a foreign asylum, an American is immediately struck with the greater amplitude of all its parts; by the width of the halls and corridors, the height of the ceilings, by the spaciousness of the day rooms, and by a peculiarly light and cheerful aspect seldom witnessed in ours. The rooms are placed upon one side only of the gallery. The mode of having them on both sides which prevails almost exclusively with us, is there, an occasional exception, chiefly confined to projections and later additions where they do not interfere with the general style, although universally regarded, I believe, even under such circumstances, as a sacrifice to the spirit of economy. The former method is certainly to be preferred, for its free admission of air and light, for its avoiding that multiplicity of windows which so seriously disfigures all our hospitals, and for taking away that cramped and crowded appearance which our asylums present. If, however, it is determined to use the other mode, the objection on the score of deficient light, may be obviated in part, by leaving, in two or three places, a space equal to a couple of rooms, through which the light may be admitted to the gallery.

Sleeping-rooms.—The sleeping-rooms of the pauper patients, are a trifle smaller than ours, with high unplastered walls, and a small window, generally of a semicircular shape, towards the top, and out of the reach of the patient. To us they have a naked, cheerless, prison-like aspect, but we must bear in mind that to most of those who occupy them, they are far more comfortable than any they have been accustomed

ed to, and therefore convey a very different impression to their minds. It would be a misplaced kindness to furnish poor patients with accommodations very much better than they ever knew before, and to which their own poverty-stricken abode, when they return to it, would present a painful contrast. Wisely therefore, have cleanliness and suitable comfort been regarded as the only essential requisites in their rooms. We must also bear in mind that they are used only for sleeping, for English habits forbid the use of the bedroom for any other purpose, even for dressing, when another is at command. To use it as a sitting-room is scarcely less abhorrent to an Englishman's sense of domestic propriety, than the custom once imputed to American taverns, of putting two or three strangers in the same bed. Hence, in the European asylums, the sleeping-rooms, instead of being always open and accessible to the patients, as they are with us, are usually closed; at least, the patients are seldom observed in them, unless sick. They spend their time during the day when not at work, in the airing courts or day-rooms which are usually large, light and pleasant.

Day-rooms.—As little has been done by them as by us, to relieve the nakedness of the walls and add to the attractions of the day rooms, by furnishing them with maps, pictures and other objects of interest. The only thing of this kind that met my notice, though I dare say I may have overlooked some, was at Siegburg where a couple of little old maps were hanging on the walls of a room appropriated to occasional reunions for study and conversation. Nothing in the moral management of our patients is more desirable than the promotion of social habits, and in a great measure will their happiness and restoration depend on our success in this particular. With but few exceptions, curable patients ought not to be allowed to remain alone, for it is quite certain that indulging in their own meditations, will not be likely to restore them to reason. To draw them out of their own rooms to which they are very apt to retire, and inspire

them with an interest in persons and things around them, nothing will assist us so much as day rooms rendered more attractive than any other part of the house, by a better style of furniture, an open fire in winter, books, pictures, plants, &c. It is to be deeply regretted that in many of the later erections in this country, we have taken a step backwards, in this respect. In them, the day rooms which, in the older establishments, had often dwindled down to the smallest dimensions, have disappeared altogether, and their place supplied by that wretched substitute, a long, narrow gallery lighted imperfectly at the ends, and lined on both sides by sleeping rooms. In an apartment like this it would be idle to expect much sociability; and the better class of patients whose minds are least impaired by disease, and whose presence is calculated to exert the most salutary influence over their more unfortunate companions, retire to their own rooms which they have rendered as attractive as possible by the few objects of interest within their reach. I am convinced that there can be no more serious defect in the arrangements of a hospital for the insane, than the want of spacious, comfortable, pleasant day rooms, and it is to be deplored that they should ever have been sacrificed to the spirit of economy.

Windows.—The British Asylums furnish almost every variety of windows, as it regards form, size, and manner of opening and guarding. The peculiar shape and position of the windows in the sleeping-rooms, give them an exceedingly jail-like look, and it is to be hoped that in all future erections, this obvious and disagreeable defect, will be remedied by adopting the ordinary domestic window. The sashes are made of iron, or strong wood, and are made to open in a variety of ways. The sash may drop down a few inches from the top; or the upper sash may be fixed in the frame by means of an iron pivot on which it moves within a limited space; or only a small circular section of the upper sash may be thus moved on a pivot. Guards on the

outside against accidents or escape are never used, because they are obviously unnecessary. Guards on the inside for the protection of glass, are used more extensively than with us, probably in consequence of the greater value of the article there, for they certainly have less occasion for them than we have. These guards are usually of iron netting or light grating. In the Edinburgh and Glasgow asylums, the windows of the excited patients are furnished with a stout, wooden shutter which by a very convenient arrangement, may be made to cover the whole, two-thirds, or one-third, of the window. In connexion with such elaborate contrivances for saving the glass and securing the patients, I was sometimes surprised by seeing arrangements that indicated how little such safeguards were needed. In one asylum where the windows of the rooms of the quiet patients, were regularly covered every night by a wooden shutter, the gallery windows were unguarded both inside and out, and so loosely confined in the frames, that it would have required but little ingenuity to get them out. But escapes from that asylum were very rare, and seldom, if ever from the windows.

In the French asylums, the windows of the galleries and dormitories, are made, for the most part, after the fashion of the ordinary casement of the country; that is, divided through its whole length in the middle, and opening like a door. They were generally standing open, for as the inmates have free access by the doors to the colonnade on which they open, there can be no reason for guarding them. At St Yon in Rouen, the windows were guarded in an unusual degree. Many of the gallery windows were entirely guarded on the inside by an iron grating, and many of the room-windows were boarded half way up on the inside, and guarded on the outside.

At Illenau, I observed that the two parts of the casement are made to lock together, with a key, while a section of the window which might be opened by the patient, was guarded on the outside.

In the management of windows, the only essential point is to make them sufficiently, but not unnecessarily secure. To obtain this object, I am not sure that we can have anything better than the cast-iron sash, but whether it be entirely glazed, and opening only a few inches at the top or bottom, or, after the fashion generally used in this country, have only the upper half glazed, with a wooden, glazed half sash to move up and down in front of the unglazed lower half, is a point that may be left to individual fancy. A more slightly method of guarding than the last mentioned, would be to have the window made like those of ordinary houses, with the sash—or at least the upper half,—of iron, and, four or five inches in front of the lower half, on the outside, an iron guard of an ornamental character, such as is frequently seen attached to ordinary houses. This kind of guard has been used to some extent, in the Pennsylvania asylum, near Philadelphia. For the protection of glass, I doubt if there be any better contrivance than the wooden shutter used in the Glasgow asylum, because it is very strong, without appearing so, is entirely out of sight when not in use, always at hand and capable of being raised, with the utmost facility, to any extent thought proper.

Floors.—In countries where the relative value of wood and stone is just the reverse of what it is here, stone is used in preference to wood, where it is at all admissible. Accordingly, in the European asylums, the floors of the lower galleries are generally of stone, and in some, the floors of all the galleries are of this material. No board could be smoother, nor look nicer, than the stone floors which prevailed in all the galleries and halls of the Perth asylum, and their surface was prettily variegated by pouring over it a sort of chalk-mixture and making spots in it with the hand, while wet. Sometimes, the floors of the rooms on the lower story, are of stone. I never, but in one instance, found that stone floors were preferred to wooden ones, except on the score of economy, for they are always cold, and do not readily dry after washing.

Doors.—Their doors are constructed in the most massive style, and locked by keys of no trifling dimensions. The doors of the rooms in the lower parts of the house, are almost universally provided with a circular hole about an inch in diameter, through which the patient may be observed at any time without particularly attracting his attention. It is covered by a thin iron plate easily moved. In many, if not the most of our asylums, this provision is not found at all, but there can be no question that for certain classes of patients, it will be found to be highly useful. The small tubular key universally adopted here, I never saw abroad, except at Ivry, and I am surprised that its lightness and convenience have not recommended it to general favor. It seemed to be entirely unknown however, although described by Jacobi. The clatter made by locking and shutting doors is one of the most formidable noises in an establishment for the insane, and to nervous, timid patients, is found to be a most serious annoyance. A remedy for the evil, is a great desideratum, and whoever shall succeed in furnishing it by means of some mechanical contrivance, may well be satisfied with his contribution to the comfort of the insane in our asylums.

Associated Dormitories.—No one of the internal arrangements in the foreign asylums, is likely to arrest the attention of an American more forcibly, than the large dormitories which are always found in them. The number of patients each is required to accommodate, and the proportion they bear to the number occupying single rooms, vary very much in the different establishments, while the opinions of Superintendents in regard to these points, were very far from unanimity. In the York Asylum the dormitories contained not more than five or six beds each, the greater part of them, less. In other establishments, they are of the largest size, especially in France where they sometimes reach to fifty beds. In England, it is common to find them of different sizes in the same asylum, but for the most part, they do not contain far from a dozen beds.

Accustomed as we have always been to single sleeping rooms, and to regard them too, as unquestionable advantages, I was naturally induced to inquire into their practical working, more especially, as, in regard to their proper size and the proportion of the inmates they should accommodate, I found a great diversity of opinion, sometimes in the same institution. I think the preference was oftener given to small dormitories like those of the York asylum, though a few gentlemen were satisfied with only the largest size. M. Falret, whose attention I called to the immense dormitories in the Salpetriere, containing over fifty beds, expressed the wish that they were but half as large. At the Surrey, the proportion of the patients sleeping in dormitories to those occupying single rooms, was about two to one, but this is the only instance I met with in England, where the proportion was not reversed. In the Edinburgh and Glasgow asylums, a still larger proportion than two thirds slept in dormitories. In France all the patients sleep in dormitories, except the highly excited. It is somewhat curious, that, while in all the institutions where dormitories were the general rule and single rooms the exceptions, the former were most strongly advocated, yet in all others where dormitories were used for a much smaller proportion, they were a subject of general and bitter complaint. This discrepancy of opinion may be attributed partly, to the general principle that the result of a measure is usually more satisfactory to those who undertake it with a good will and sanguine hope, than to those who are forced into it against their will; and partly, to the fact that the advocates of large dormitories have been enabled to try them under more favorable circumstances. As is usual in such cases, each party urges its own views with much vehemence, and with the strongest confidence in their correctness. In forming our own judgment therefore, we shall find it necessary to make considerable allowance for that pride of opinion which inevitably induces us to regard facts through a rose colored medium, and confine our looks to favorite points of view.

Against the practice of carrying the use of associated dormitories beyond a very limited extent, it is contended that they are often a scene of disturbance in the night, a single restless patient being sufficient to keep all the rest awake, and render them fretful and excited. If any but the most tranquil are required to sleep together, this result, it is said, will frequently happen, even under the most careful management, and I heard the fact too often and too frequently deplored, to entertain any doubt of its existence. It is contended too that filthy patients will be offensive to the rest, and that whatever may be their habits, the air of a large dormitory becomes, long before morning, exceedingly impure and disagreeable. Dr. Conolly, in an article on the "Lunatic Asylums of Paris," published in Nos. 37 and 38 of the *British and Foreign Medical Review*, expresses the strongest dissatisfaction with large dormitories, and for one reason among others, which would have great weight in this country. He says that "it [a single room] becomes a kind of house to them; they attend to it themselves; they sit and write or read in it; they decorate it and are made comparatively happy by its possession."

On the other hand the friends of the dormitory system, regard it as one of its greatest advantages, that a large class of excited patients do better in dormitories than in single rooms; and they say that many a patient of this kind who, in the solitude of his own room, is restless, noisy and mischievous, needs only the supervision which a dormitory affords, to become quiet and still. That the requisite degree of self-control may sometimes be created in that manner, no one probably will doubt, but that this will generally be so, was very strongly doubted in England, as I presume, it will be here. I was assured, however, in Scotland, at the Surrey, and in France, that the dormitories are very rarely disturbed at night; so rarely that it was not considered to be a valid objection. Jacobi gives the same testimony from his experience at Siegburg. That the air of the dormitories in the English asylums, becomes exceedingly vitiated, may be

quite true, without the fact being a conclusive objection, because the air may be, and in the Glasgow and Edinburgh asylums is, kept quite pure by an artificial system of ventilation which I shall presently notice. Indeed it is claimed to be one of their advantages, that they can be more effectually ventilated than single rooms. To associate filthy patients with others of opposite habits, would be manifestly improper. They must be kept in single rooms, or in dormitories by themselves. Dr. Conolly's argument I cannot reconcile to the repugnance invariably manifested against the use of sleeping-rooms for any other purpose than sleeping, and to the common practice of keeping them closed. True, I did see rooms used in this manner, at Hanwell, but even there, if I recollect aright, this was the exception, not the rule. Here, where most of the patients are allowed to use their rooms by day, the objection will be regarded as a very strong one. The right of possession in a room which the patient may call his own, to which he may retire when desirous of being alone, in which he may store his books, papers, and the various fruits of his acquisitiveness, and which he may decorate with prints or flowers, is unquestionably a source of great satisfaction to many patients, and upon the most of them, I doubt not that the moral influence of all this is very favorable. Whether favorable or not, this feeling presents an insurmountable obstacle against the use of dormitories here as extensively as in the European asylums. It is to be supposed too, that the same feelings of delicacy which, in Europe, forbid the idea of associating their paying patients in dormitories, would lead to the same result, in some degree at least, with us. The much larger proportion of excited cases in our asylums, would also reduce the proportion of those who would be fit for an associated dormitory, and it would be still farther reduced by the smaller number of our filthy patients who are mostly tranquil.

Limited, therefore as the use of dormitories must necessarily be with us, I am so strongly convinced of their benefits in certain classes of cases, that I do not hesitate to recommend

their adoption, as a measure warranted by the proportion of those who are perfectly willing to sleep in them, and those who, whether willing or not, would be all the better for sleeping in them.

There is a class of timid, nervous patients who would be far more comfortable in an associated dormitory, especially when they first enter the institution. A poor, nervous female, startled by every sound and apprehending every possible evil, who finds herself for the first time perhaps for years, shut up in a room by herself, with no companion but her own agitated thoughts, unable to sleep, afraid to speak, is thrown into to a state of disquietude, sometimes amounting to agony, not very favorable to recovery. Here the difficulty would be completely met by an associated dormitory. They are far better also for those suicidal cases which we now manage by having an attendant sleep in their rooms by the side of the bed. To be obliged to sleep on the floor in a room barely large enough for one, has no tendency to improve the humor of the attendant, and the consciousness of being specially watched is not likely to exert a salutary influence on the mind of the patient. Nothing in the management of an asylum is a source of so much embarrassment as that class of patients in whom we suspect the existence of a suicidal disposition, but which is so feeble, or so successfully concealed, that we hesitate to place an attendant in their room at night, from the fear of unnecessarily exciting displeasure, and even suggesting suicidal thoughts where they did not previously exist. Thus, the patient goes unwatched, until he is found some morning ingeniously strangled by his pocket-handkerchief, or a strip of his sheet. The liability of such deplorable events is much diminished by the use of dormitories. I do not mean to say that suicide would never occur in a dormitory, for the disposition is sometimes so strong that nothing short of unremitting vigilance can prevent it. What I do mean is, that it would be effectually prevented in that large class of the suicidal in whom the propensity is not so strong as to lead to its gratification in the presence of others whether

asleep or awake. Many filthy patients too, when tranquil, are, no doubt, better managed in dormitories, because the supervision there exercised, is sufficient to improve their habits by exciting their self-control, and also secures that attention to their wants which they cannot receive so effectually when sleeping alone.

Certain requisites are essential to the success of associated dormitories, and it is to the want of them that their advocates attribute the failure of the system which is so general in England. One or more attendants is absolutely necessary to exercise a proper degree of surveillance. In the German asylums, I observed that the attendants slept in rooms of their own, partially separated from the dormitory by a screen of lattice-work. It may be doubted whether this arrangement admits of such effectual surveillance, but this is a practical point which must be decided by individual experience alone. The dormitory should always communicate directly with a water-closet, and should not be crowded, as they usually are in Europe where they are used for the sake of economy, rather than the welfare of the patient. They should also be effectually ventilated, and this cannot be done without artificial force.

In the dormitories of the filthy, some extraordinary provisions may be required for maintaining the highest degree of cleanliness. One of this kind used at the Salpetriere and Glasgow, struck me as exceedingly convenient and effectual. The beds stand in a single row along the two longest sides of the apartment, upon a stone floor slightly sloping towards the middle. A pipe conveying water runs along the wall at the head of the beds with a faucet under each bedstead. A simple contrivance opens all these faucets simultaneously, and the whole floor is deluged with water.

Large dormitories serve another purpose that ought not to be despised, provided that no higher interest is sacrificed to it. By their introduction into a building, we are more easily enabled to deviate from the unbroken line of wall requir-

ed by the ordinary gallery, and indulge in projections and higher elevations, very much to the improvement of the architectural effect. The economy of space thus effected, may also contribute to the same effect, by enabling us to dispense with rooms on one side of the gallery.

The dormitory itself when tastefully fitted up, presents a more cheerful and pleasing appearance, than rows of small solitary rooms which necessarily have a somewhat prison-like look. Few features in the foreign asylums left a more pleasing impression on my mind, than some of their dormitories. Those of the Northampton asylum were the very embodiment of good taste, neatness and propriety,—temples to the somniferous god in which it would seem as if he must be delighted to dwell. One in the basement story of the Surrey was broken up by the pillars of the groined arches that support the building, into several alcoves in which the neat and well-furnished beds were distributed in groups of three or four, in a manner highly striking and picturesque. In walking over the Salpetriere, I could not help stopping repeatedly, to admire the coup-d'oeil which one obtained by standing in the doorway of one of its dormitories, and looking towards its opposite side. On each of the two longest sides of a room some 150 feet in length and 25 in breadth, was a row of 25 beds elevated on a kind of dais a few inches high, with their heads directed towards the wall. No rent nor wrinkle, no spot nor blemish could be discerned, in all those 50 beds whose exquisite neatness would excite the envy of a New-England housewife. Along the middle of the room between the two rows of beds, ran the aisle of well-waxed oak, traversing its whole length and interrupted only by the tall, round calorifer in the centre, reflecting the light from its polished brasses. On both sides, the casements stood wide open amid the folds of their plain, cotton curtains which, blending with the coverlets of the beds, filled up the outline with masses of snowy whiteness, while the light of an unclouded sun invested the whole scene with an air of cheerfulness and comfort.

Padded rooms.—It may naturally be supposed, that, among the contrivances lately introduced into the British asylums, none was more calculated to excite one's curiosity, than the padded rooms. Ostensibly designed to protect the patient from the effects of his own violence, it had never appeared to me very clear, how they could resist the destructive efforts of the class of highly excited patients to whom they seemed to be appropriate, nor how they could be kept clean and in serviceable condition, without a degree of labor and expense quite disproportioned to their utility, and indeed, altogether beyond the means of most of our institutions. Considering them as encumbered with these difficulties, they seemed to me—as, no doubt, they have to many others in this country—so little suited to the purpose for which they are designed, that I was forced to suspect, either that insanity is a very different thing in England from what it is in America, or that we were not rightly informed as to the class of cases for which they are used. Although in spite of my endeavors, I was unable to clear up every doubt, yet I became quite satisfied that the above suspicions were both correct to a certain degree.

My curiosity was first gratified at the Nottingham asylum whose present Superintendent, Dr. Powell, first used them in England. The pads consist of a light wooden frame six or seven feet long and two or three broad, covered by strong canvass nailed to its edges. The space between the frame and canvass is filled with some soft material tightly stuffed in, until the pads are about five or six inches thick towards their middle. Thus prepared the pads are placed upright along the wall, and confined by a wooden bar running across their ends and attached to the walls. Similar pads are placed upon the floor, and the close stool is also guarded by pads. The material used for stuffing is commonly cotton waste, and the cost of a room thus prepared, was stated by Dr. Powell, to be about £5 or 6. At the Northampton asylum, dried sea-weed (*alga marina*) was used to stuff the pads as well as common mattresses. Its first cost is less,

and it was said to be equally serviceable. In one instance, the canvass was painted, for the sake of facilitating the cleaning of them, but the paint was thought to rot it. This effect would be obviated, probably, by using ochre instead of white lead. At Bethlem, they had attempted to obtain a substitute for the pads by lining the walls with a compound of cork and India-rubber blended pretty intimately together, but it was evidently too hard for the intended purpose.

These rooms wherever I saw them—and I made it a point to see them wherever they were used—were always clean, emitting no bad odor, and in some instances certainly, had been lately occupied. When occupied, as I occasionally saw them, the inmate was quietly lying down, and at the time, manifesting no excitement. The most of the gentlemen by whom they were used, were well satisfied with their operation, and professed to have found them highly serviceable in the management of peculiar cases. Some told me the pads were not frequently torn, while others admitted that they were often injured, and that it was expensive keeping them up. When I adverted to the liability of the pads on the floor being defiled and absorbing urine, it was replied that the patients used the close stool, and that though the event I mentioned did occasionally happen, yet it was too seldom to present any serious objections to their use.

They were used for patients who beat their heads against the wall; for epileptics who are liable to fall out of bed; for those who divest themselves of clothing and lie on the floor; and for a certain class of suicidal cases. By some of the advocates of non-restraint, these rooms are regarded as essential to the success of that method, but at Glasgow, and I think at Edinburgh, where no restraint is used, I found no padded rooms. That they may be somewhat convenient in the management of the above-mentioned cases, may be very true as it regards the English asylums, and not true as it regards ours from causes to which I shall presently advert. But these are difficulties attending their use, even in England

which are not very satisfactorily explained. The disposition to beat the head against the wall is exceedingly rare, and, in my experience, has always been accompanied by a degree of violence and destructiveness which no pads I have ever seen would resist for a single hour. Those who divest themselves of clothing, and thus expose their persons to the cold, bare floor, would be likely to treat their rooms in the same way; or if not sufficiently excited for that purpose—for destroying what is not easily destroyed—it would seem as if a strong dress would be all that the case requires. This exigency is better met in some of our institutions by heating the floor—a stone one of course—by a furnace beneath. Epileptics would do equally well on a common mattress placed upon the floor, and suicidal patients who can be safely trusted to padded rooms, can have but a feeble disposition to self-destruction. On the other hand, it was stated by several Superintendents,—some of whom, it is proper to say, judged from what they heard rather than actual trial—that the pads were often torn in pieces; that they were often defiled, and not easily cleansed; and finally, that they were for show rather than use, or were used for patients who could be very well managed without them. I do not doubt however, that in England, where excitement is milder, and destructiveness less active, cases may not unfrequently occur, that may be managed in this way with most comfort to the patient. I am not prepared to say that padded rooms can never be of use in our institutions, but there can be no doubt that the proportion of cases to which they would be applicable, is exceedingly small.

Warming and Ventilation.—Having strongly felt the deficiencies of our own institutions in warming and ventilation, I was induced to pay a particular regard to the provisions made in the foreign establishments, for objects so intimately connected with the health and comfort of the inmates. I found nothing like uniformity in this respect. Every contrivance ever known for increasing the temperature of a

building, may be found in some establishment or another. from the most simple and primitive, to the newest and most philosophical. The most common provision—indeed, I believe it is universal in Great Britain—is that of open fires in grates in the day-rooms, secured, in some of the galleries, from the interference of the patients, by iron gratings completely enclosing them. At St. Luke's, such fires constitute the only provision for warming, as well as at the Lincoln asylum, where the board of visitors, as if in anticipation of some new-fangled scheme being proposed, have resolved that “no system of warming this house by means of which the patients may breathe a heated atmosphere, be introduced.” Usually, the galleries are warmed as well as the day-rooms, In some cases this object is effected, by air brought in from without, and heated by passing over a cockle or stove, as is the method in most of our establishments. The most common contrivance is that of pipes conveying steam, or hot water, passing along under a bench, or high up on the wall. In some instances, the heated air is allowed to pass into the rooms by an opening into the wall, but for the most part, there is no communication between the rooms and the gallery when the doors are shut. The mild climate of France has not furnished sufficient inducement to improve upon the ordinary methods of warming, and accordingly in most of their establishments, we see only the ordinary calorifer. At Charenton, however, they have introduced Duvoir's system of warming by pipes conveying hot water, which has had some currency in France, and which seems to be a combination of the method of warming by hot water just described, with that which I shall presently notice, whereby the air is heated before entering the rooms. In the German institutions, the warming is effected by stoves, which, at Siegburg, are enclosed in iron gratings of magnificent dimensions.

It is a sufficient objection to the ordinary method of warming by hot air or steam conveyed through the apartments in pipes, that it contains no provision for renovating the air by

the introduction of fresh supplies from without. The air in the room is repeatedly heated, while the only fresh air that gains access to it, is through the crevices of the doors and windows, and this is both cold and insufficient. This objection would seem to be obviated by the other method just mentioned, that of introducing a constant supply of air previously heated by a coekle or stove, but this advantage is counterbalanced by an objection which, in England, has been deemed sufficient to condemn it to general disuse. To obtain the necessary degree of heat, the iron is often rendered so hot as to effect a chemical change in the constitution of the air which renders it more or less unfit for the purposes of respiration. A method lately introduced into England, and one which seems destined to take the place of every other, in large buildings, provides for the continual supply of fresh air from without which is brought in contact with pipes containing hot air or steam, and thus heated, it is carried through brick flues in the walls into the several rooms and galleries, the pipes themselves not being brought into the apartments. This method has been adopted in the Glasgow and Kent asylums, the Pentonville model prison, the new houses of Parliament, and many other large establishments, in all which, so far as I could learn, it has been found to answer the purpose of affording an ample supply of fresh warm air.

In most of the English asylums no *system* of ventilation—by which I mean, the regular introduction of fresh air and the extraction of the impure—is used; for the primitive practice of opening the windows, is neither regular nor systematic. If I was somewhat surprised at this fact, I was still more so at the general indifference in regard to improvements in ventilation, manifested by gentlemen in charge of these institutions, who seemed quite satisfied with relying on the windows for ventilation. During the day in mild weather, the air may thus be kept quite pure, but in cold, or wet weather, either the air must remain unchanged, or the patients rendered exceedingly uncomfortable by having the

windows open. Of course too, the windows of sleeping rooms must be closed during the night—the very time of all others when a sleeping room needs ventilation. Indeed, it was universally admitted and complained of, as I have already stated, that, in large dormitories, the air became quite impure before morning, and the same must be the case in single rooms, though perhaps in a less degree. In the Kent and Glasgow asylums there has been introduced the method of ventilating by means of an artificial extractive power, which is also used in the Pentonville model prison, the present Houses of Parliament, and some other establishments. In this method, flues for carrying off the impure air lead from every room and gallery, to a common, vertical shaft or chimney in the attic, into which the air is discharged. This shaft is warmed by a fire kept constantly burning at the bottom of it, or by the smoke of the other fires in the house which may be discharged into it, and the air in it being thus rarified, it naturally ascends, and its place is supplied by the foul air in the flues which again derive their supplies from the rooms. A rise of temperature in the foul air of from 5° to 10° , is found sufficient to produce the necessary extractive power, and of course very little fire can be required. This method of ventilation is always accompanied by the mode of warming by fresh air heated by pipes conveying hot water or steam, mentioned above, and the combined system of warming and ventilating has been found to be very perfect and very cheap. In the Parliamentary Report for 1844, respecting the Pentonville prison by Major Jebb, Surveyor-General of Prisons, it is stated as the result of experiment, that from 35 to 40 cubic feet of fresh air is made to pass into every cell in a minute, and that the whole expense of ventilating and warming is less than half a farthing a day for each cell, in winter, and but half that sum in summer.

On my visit to the Pentonville prison, I found all the cells which I entered well ventilated, and an active interchange of air going on. I attended the debates in both Houses of

Parliament, and though on two occasions there was a full attendance of members, and I stayed until a late hour, I was not aware of any impurity in the air, and I suffered nothing of a peculiar headache which invariably follows my sitting an hour or two in any considerable assembly of people. Dr. Reid who very kindly showed and explained to me his arrangements for warming and ventilating the Houses, placed me near the main, foul-air flue where it entered the vertical shaft, and thus gave me an opportunity of testing the efficiency of the ventilation by the evidence of my own senses.

That this is a perfect system of ventilation, I cannot say ; it is not easy to tell exactly what perfection in this matter, means. I am inclined to consider it the most efficient that has yet been used, and this, I apprehend, is quite enough to warrant its general adoption. The unfavorable accounts of its operation may be attributed to the disposition to form opinions hastily, or without making suitable allowance for the circumstances of the case. The Metropolitan Commissioners, in speaking of the parts of the Gloucester Asylum which are ventilated by this method, state that "the ventilation of the basement story, especially in the cells appropriated to the dirty class of patients, appeared to be extremely indifferent." I can only say that the air in these rooms was quite pure when I visited the asylum, and Dr. Hitch assured me that the system worked well. The air in the rooms of filthy patients cannot be perfectly pure at all times. There must be moments when it will be very far from being so. Time is required to remove filth and to use water, and when this is done, a little more time is required, for the air to be completely changed, even under the most active ventilation. And when we consider also how strongly bad odors will adhere to floors and walls in spite of washing, it is not a valid objection against any plan of ventilation, that the air in the rooms of filthy patients, should occasionally be found impure. Much of the fault that has been found with the ventilation and warming of the Houses of Parlia-

ment, is no less unreasonable, because it is founded on the most improper notions as to the true purposes of the system, which are to keep the air in a state of purity and at a temperature adapted to the ordinary wants of the body under ordinary circumstances. If it do this, it does all that can be reasonably required. Individual tastes and feelings as distinguished from those of the great majority of the assembly, cannot, in the nature of this case, be exactly provided for. If one person who enters the room after a brisk walk, or ride, finds the air too warm, or another after setting still some hours, finds it too cool; if one has eaten a full dinner, and the other only a biscuit; or if one is well-fed, sanguine, and in high condition, and the other lean, pale, and dyspeptic, surely it is not the fault of the system of warming that none of these persons find it exactly suited to their individual case.

In most of our institutions, ventilation is provided for by flues leading from the rooms to the attic from which the foul air is discharged through windows in the roof. No one will deny, I presume, that a ventilation which depends on the difference between the temperature of the air within and that of the air without the house, must be exceedingly imperfect, and the most that can be said for it, is that it is better than none. It is to be hoped therefore, that in hospitals for the insane that may be hereafter established among us, the new artificial system of ventilation will be adopted, as it has been in the plans of the Butler hospital now erecting in Providence, R. I.,* and of the new asylum at Trenton, N. J.

Attendants—The attendants in the English Asylums are mostly a young and apparently intelligent class of persons. The difficulty of obtaining employment in that country, is calculated, no doubt, to make them anxious to perform their

*For copious details concerning this subject, the reader is referred to Dr. Bell's Report to the Trustees of the Butler Hospital, published in the *Journal of Insanity*, Vol. II, No. 1.

duties satisfactorily, but this tendency is more or less counteracted by the fact of their holding their places independently of those whose views it is their business to carry into effect. By remaining in the service so long as they do, it is to be supposed that they gain a more perfect knowledge of their duty than ours can who seldom calculate to stay more than a year or two, and who can always obtain employment full as lucrative, somewhere else. It may be doubted, however, whether the evil arising from our frequent changes of attendants, is not fully counterbalanced by the final result of the more infrequent changes in the English asylums, viz., an accumulation of attendants who have outlived their efficiency, but for whom their employers feel too much kindness, on account of their past services, to discharge, at a time when they are least able to begin life anew. I was surprised to see so many of the attendants, especially among the females, quite advanced in years, and in looks reminding one of that race of country nurses who whilom did hold omnipotent sway in the sick-rooms of New England. They were retained in preference to employing in their place, a more young and active class, for the reason just mentioned. Judging from the appearance of their rooms, and from some other indications, I should suppose they are allowed to consult their own comfort—in some establishments, at least—more than ours are. In the Richmond County asylum and Swift's hospital in Dublin, I found an arrangement which I met with no where else—that of employing female together with male attendants in the galleries of the male patients. I was satisfied by repeated inquiries that this was not a temporary arrangement, nor was it limited to that kind of female supervision of the clothing and bedding which is so desirable that I have wished it might, if possible, be introduced into our asylums, but it was in the ordinary course of things, and did not seem to be regarded as something that required explanation. How the plan works, I did not inquire, I presume that human nature is the same in Ireland, as in other parts of Christendom.

In France they have a division of the service the desirableness of which has been generally felt in this country, but which, I fear, is not likely to be soon obtained. The duties are divided among three classes of persons, one to perform the menial services; another to act as the companions of the patients in their labors and amusements, and to help carry into effect the orders of the remaining class, or head attendant, who is the organ of communication between the patients and the officers, and is responsible for the manner in which the service is conducted. I was favorably impressed by the looks and demeanor of the principal attendants, especially at the Salpêtrière, and the easy courtesy and unaffected kindness of manner of its head attendant, I shall not soon forget. At Rouen, and in the ordinary hospitals of the country, the service is directed by the sisters of some religious community, but I did not observe them in the establishments for the insane in Paris. They have been found to be not sufficiently tractable; too fond of carrying out their own views rather than those of the medical officers, to have charge of the insane.

Airing-courts.—A prominent feature of the foreign asylums, is their airing courts, which are numerous, spacious, and sometimes beautifully planted. They are regarded as indispensable requisites in an establishment for the insane, no less necessary for their comfort than day rooms and galleries. The practice of dispensing with them altogether, as has been done in the most of our institutions of recent origin, was far from being regarded there as an onward step in the progress of improvement. In fair weather, few patients are seen in the house except such as are sick, or are engaged in work. The most of them are in the airing courts, sitting in the shade, or promenading in the walks. The courts vary very much in different institutions, in size and appointments. I heard much complaint of their being too small, though with our ideas of size in such matters, they would seldom be obnoxious to this charge. They are often provided with a

grassy mound in the centre, from which the patients can obtain a view of the surrounding country. At the Belfast asylum is one ascended by a path winding around its circumference, through flowers and shrubbery, which I thought was the most beautiful thing of the kind, I had ever witnessed. At the Gloucester asylum, the airing courts are on a magnificent scale—very spacious, with mounds in the centre, and flower-beds, shrubbery and trees of all sizes, in unstinted abundance. Even those for the most excited patients, are scarcely less elegantly embellished than the others, and I saw in them not a single indication of mischief.

In France there is the freest communication between the house and the courts, the doors being open, and the patients allowed to go in and out at pleasure. At Charenton, the doors of the rooms open directly upon the covered colonnade which runs around the quadrangle. At the Salpetriere, I observed in the airing courts of the refractory class, several patients sitting in strong chairs, enjoying the air and light, if nothing else, and it struck me as a much better method of disposing of such cases, than secluding them in their rooms.

The objection urged in this country against airing courts, that the patients lie about on the ground, and thus contract slovenly habits, I never heard in Europe, and though I occasionally observed a patient lying on the grass, it needed only a little more vigilance on the part of the attendants, to have prevented it. But lying about on the floors of a gallery is no less objectionable than lying down in a clean, well kept court, and if it can be prevented in the one case, so it can in the other. If patients are turned into the courts and left to their own discretion, they may indulge in some improprieties, as they would anywhere else, but why should they not be subjected to constant supervision, like any other part of the establishment? For reasons which will appear in the sequel, airing courts would not be required in our asylums for so large a proportion of patients, as they are in the European, but I cannot resist the conviction that more or

less of them, are indispensibly requisite in every asylum. True, they cannot be used in the winter, but does it follow that we should not avail ourselves of their benefits when we can. We have many a demented patient who would enjoy walking in the sunshine, or breathing the free, pure air of heaven, and many of a different class unable or unwilling to work, who would prefer circulating freely about a spacious court, to monotonous walks from one end to the other of a narrow gallery. My observations have led me to believe that many an excited patient would soon become more calm by being allowed to range at will through a yard, than when confined to the narrower limits of a gallery, where doors and windows excite his fury at every step. I do not doubt that every one who could see the beautiful courts of the Gloucester asylum, and witness the evident enjoyment experienced by the patients while in them, would agree with me in opinion on this subject.

Quiet of the European Asylums.—With no feature of the foreign asylums was I so forcibly struck as the extraordinary quiet of the patients, as contrasted with the uneasiness and agitation of ours. Not a single instance of vociferation, did I witness, and cries, and shrieks and shouting, I rarely heard. That peculiar kind of vituperation joined with inexhaustible volubility, so familiar to those who have had charge of the insane on this side of the Atlantic, seemed to be unknown there; and even in the refractory wards, instead of the agitation and disorderly movements that characterise that class with us, there was a degree of stillness and quiet that would lead one to suspect, at first thought, that he was among the tranquil or convalescent. A visitor in passing through one of our asylums, is besieged by persons who fill his ears with the bitterest complaints, representing themselves as victims of the grossest injustice, and importuning him to procure their discharge. He is almost disposed to believe that there is really something wrong; that such feelings must have some other foundation than

mere fancy ; and he needs a hint or two on the subject, before he is made aware, that these persons believing themselves to be perfectly sane, cannot help regarding the deprivation of their liberty as an act of high-handed injustice, and the allegation of insanity as a bitter insult added to the injury. Twice only, once in England, and once in France, was I importuned for my assistance in "getting them out." I was allowed to pass along, seldom addressed, and exciting only a look of the faintest curiosity. The causes of such a singular phenomenon, I was naturally led to investigate, and, although I may have overlooked some of them, yet I believe, that the principal ones met my attention.

The proportion of curable to incurable cases, is much less in the British asylums, than in ours. It appears from a table given in the Report of the Metropolitan Commissioners that more than five sixths of the inmates of the County, and the County and Subscription asylums, were incurable. In the French asylums, the proportion of incurable may not be so large, but still it is larger than it is in our institutions. In old cases we expect of course, less excitement than in recent ones, and to this circumstance may be attributed, much of the quiet that prevades the foreign asylums.

I have very little doubt that in Great Britain and France, insanity assumes very much less frequently than with us, the form of intense and completely uncontrollable excitement, and when this condition does occur, it is of much shorter duration. I did not see one in the whole course of my observations ; and Dr. Conolly has stated, that on two successive Saturdays when he was desirous of showing a case of furious mania, to illustrate the clinical lectures he was then giving at Hanwell, there was not one in the house though containing upwards of 1000 patients. At St. Yon in Rouen where the warm bath with a cold sponge on the head was much used for controlling excitement, I saw in the bath-room some 20 or 30 patients lying in their coffin-like bathing-tubs, with their heads protruding through a hole in the lid, each with a sponge of cold water on the forehead

but they were quite still, and I saw but one sponge shaken off, though the slightest shake of the head would have been sufficient. I was informed by Dr. Parchappe, the physician of that institution, that excitement disappears shortly after admission, continuing for any length of time in only one case out of 100, among the males, and a few more among the females. The continuance of furious maniacal excitement for months together, which is so common a circumstance with us, is seldom witnessed in England or France; and nothing which I communicated concerning the disease in this country, excited so much surprise and interest as this trait. Dr. Hutchinson of the Glasgow asylum expressed to me his belief, that insanity had undergone a very marked change in this respect, since he began to observe it, for that twenty-five years ago, cases characterised by intense excitement now so rare, were comparatively frequent. It is well known that, in Great Britain, a similar change of type has been exhibited in many other diseases, and if it have really occurred in insanity, it may be one cause of the little maniacal excitement witnessed in their asylums.

In connexion with the tranquillity of the British asylums, it is proper to remark, that the physique of their patients, as compared with ours, is indicative of much less freshness and vigor, and especially of nervous irritability, and their vital powers seem to be unnaturally depressed, as if their constitutions had been tasked beyond their power. A similar difference may be observed between the two classes of persons in their ordinary estate. It may be seen by reference to their tables of causes published in their Reports, that many cases are attributed to the *want of food*, and from such certainly, we could hardly expect any superfluous excitement, even under the stimulus of insanity.

I am disposed to think, however, that no other cause has so much to do with producing the phenomenon in question, as the peculiar moral and social condition of the patients. By far the greater part of the inmates of the English Coun-

ty asylums, are from the pauper class—a class entirely unknown in the United States, and one of which we can have no adequate conception. Not that we have no poor supported by the public charities. What I mean is, that with us, poverty is a casual condition, a temporary misfortune, the result of accident, disease, or mischance, and dies out with its unfortunate subject. If born poor, good health and a little energy will enable him to rise to a manhood of affluence and social consideration. Misfortune may strip him to the skin, but it cannot deprive him of hope, and though the sun of his own fortunes may go down in clouds and darkness, he never relinquishes the belief that a brighter lot is reserved for those who bear his name. In Great Britain poverty has no such redeeming features. It is pauperism—an invariable and prominent element of society and its subjects an estate of the realm. The British pauper is a being *sui generis*, without like or analogue in any other cycle of humanity. He is born of paupers, lives a pauper, dies a pauper, and leaves behind him a train of pauper successors. From childhood till death, life is with him a constant struggle with the wolf at his door—a struggle in which he is often vanquished. The fair earth around him has no heritage for him; his wildest dreams have revealed to him no land of promise, no harbor of refuge; the future throws no gleam of sunshine over the darkness of the present; hope, if he ever had any, has all died out within him, and quietly, in the calmness of despair, he yields himself to his fate.

It is not strange therefore that beings so differently moulded as the inmates of the American and British asylums, should present a characteristic difference in the outward manifestations of their disease. The spirit of the American patient is fresh and buoyant and his energies in full vigor. Bright prospects were before him; he had laid plans, reaching far ahead, and commenced undertakings that demanded unremitting effort and attention. Suddenly, in the midst of his exertions, and in the full bloom of hope, he is arrested, and cruelly and unlawfully, as he conceives it, torn

from his pursuits and deprived of his liberty. Can he help thinking of his business which he knows full well none but himself can conduct to a successful issue,—of his farm—of his work-shop—and perhaps of a family dependent on him for support; and when thinking of these things, can he help writhing with feelings of sorrow and anger? Is it strange that like the newly caged bird, he should madly beat against the bars of his prison-house, and fill the air with his complaints and reproaches? How different from this is the case of the English patient. Relieved of the necessity of unremitting toil, spared the constant sight and feeling of suffering, better fed and better clothed than ever before for the same length of time, addressed in tones of kindness and compassion, and knowing that his family suffer no privation by his absence, why should he be discontented? Why should he be anxious to renew the fierce death-grapple with cold hunger, and nakedness,—with carking care, the oppressor's wrong and the proud man's contumely? To him the hospital is an asylum from more woes than one, for within its walls he may, for the first time, have enjoyed a truce with the sharp conflicts of life. It is stated in the last Report of Dr. Corsellis of the Wakefield asylum that, "some have quitted the Asylum with apparently more regret than pleasure, and to a few the necessity of 'trying the world once more,' has required to be urged upon them with perseverance and decision." Leuret's extraordinary treatment of delusions with the cold douche, at the Salpetriere, a few years since, was mainly directed against the disposition of the unmarried women to remain in the hospital after recovery.

It occurred to me that the superior tranquility of the French and especially of the British asylums might be attributed, in some degree, to the different style of manners existing in European society. There, the distinctions of rank are rigidly defined and universally recognised, and their respective relations are marked by corresponding tones of address and demeanor. No length of acquaintance, no claims

of age or of merit can excuse an undue familiarity of manner, or sanction the slightest deviation from those conventional forms that regulate the intercourse of the various classes. No moral duty is more rigidly enforced, or regarded, apparently, of more importance, than the deference to superior rank, especially from those in the humblest walks of life. Theirs is that quiet, subdued, shrinking manner in the presence of their superiors, which indicates the completest submission to the will of others. This feeling is seldom extinguished by insanity. It clings to the inmate of the hospital, regulates his demeanor and exerts a restraining influence over his caprices and passions. Yielding to a habit which has almost the power of an instinct, he submits to the will of others, quietly recognises and obeys the powers that be, and seldom forgets the tokens of respect that belong to their superior condition. However affable and courteous may be the manners of the officer, the patient is rarely betrayed into stepping over that conventional barrier that separates their respective ranks. The European superintendent, in visiting his patients, is received with a calm and respectful demeanor seldom witnessed with us, and sometimes with a degree of deference which we should scarcely wish to see, even though it sprung from the heart instead of the rules of the institution. In the German establishment at Illenau, the patient is required by the regulations to rise and remain standing while being addressed by the physician; and at Rouen, the patients are ordered to abstain from all complaint and importunity, during the visit of the physician; and from accosting in the courts the physician, the employe's, or visitors. The style of manners which marks the intercourse of the different ranks in Europe, being incompatible with the equality of condition among us, of course, it is not witnessed in our hospitals for the insane. In the powers to which he is temporarily subjected, the American patient recognises no one better than himself whom he has always regarded as good as the best. Come what may, he is determined to speak his mind, and no feeling of respect or def-

erence shall prevent him from telling those placed over him what he thinks of their arbitrary and tyrannical conduct. Long and loud, in season and out of season, he will use the right of a free and enlightened citizen to protest against the injustice to which superior force has obliged him to submit. Instead of feeling any restraint in the presence of the officers of the establishment, they come in, as co-workers in the wrong that is done him, for a liberal share of the abuse which he bestows upon his enemies.

In the foreign establishments, I have reason to believe, are to be found fewer of that class of patients, who, for want of a better designation, are called *morally insane*, or those who, without any obvious aberration of the intellect, labor under a complete perversion of some of the moral sentiments and affections. No one who has had much to do with managing the insane in this country, needs to be told how troublesome such persons are, who, not satisfied with their own direct contribution to the amount of trouble in the house, are constantly tasking their ingenuity to increase the disaffection and discontent of others. The introduction of one such patient into a gallery otherwise quiet, is sufficient to destroy its peace and render it a scene of perpetual bickering and noise. This may give us some faint conception of what must be the result when half a dozen out of fifty are of this class—a proportion which I have frequently noticed. In the foreign institutions, moral insanity is comparatively rare—so rare indeed that its existence as a distinct and well-marked form of the disorder, has not until recently been generally recognized. Pinel who first noticed it, observed but one of its phases, and even Esquirol with all his practical sagacity and abundant means of observation, failed to distinguish its characteristic features, until a late period of his professional career. In Great Britain I occasionally saw a case of moral insanity, and heard it spoken of in conversation, but in such a manner as to lead me to believe that it is not of very common occurrence. If this were the place to speculate on the causes of this curious fact, it might not be

impertinent to inquire, whether the greater frequency of moral insanity among us, is not to be attributed to the greater indulgence allowed to the play of the passions, under a republican government, and which by virtue of a well-known organic law, finally becomes a constitutional trait; and whether on the other hand, its infrequency in Europe may not, by a parity of reasoning, be owing to the restraints habitually imposed upon the display of the sentiments and passions, under monarchical governments? However, this may be, the fact is no less certain that the European institutions are fortunately free, in a very great measure, from a prolific source of excitement.

The advocates of complete non-restraint were inclined to attribute the superior tranquility of their establishments, to the disuse of mechanical restraint, and suggested that the adoption of that measure with us would be followed by a diminution of excitement. I could not help seeing, however, that there was as little excitement in the institutions where restraint was still used, as in those where it was abolished. No where did I hear the use of restraint more strongly advocated than in those very institutions which struck me as most distinguished for peace, quiet and good order. Dr. Conolly, while deploring the continuance of restraint in the French hospitals, was surprised by the remarkable tranquillity and silence of the patients.

Restraint and Non-Restraint.—It is well known that within a few years, the use of mechanical restraint has been discontinued altogether in some of the principal institutions in England and Scotland. I am not aware that the example has been followed anywhere on the continent. Since the introduction of this measure no other topic connected with the management of the insane, has excited more interest and discussion. There was none, certainly, respecting which I was more anxious to gain information and to clear up the obscurity involving it, by plain, definite and reliable facts. But in spite of all my endeavors for this purpose, I was

obliged to leave the country, with my difficulties scarcely diminished in number or importance. I had come to the conclusion, before visiting England, that as a means of managing the insane, non-restraint, like padded rooms, had either been regarded with undeserved favor, or that insanity was quite a different thing there from what it is with us, and in one case as well as the other, the result of my inquiries was to establish the fact that both of these suspicions were well-founded to a certain extent.

As is the case in all reforms genuine or spurious, there were discrepancies of statement relative to facts, not easily reconciled by a casual observer. I heard men whose names are familiar to the world, declare, that they not only succeeded in managing the insane without mechanical restraint, but far more satisfactorily to themselves and to their patients, than they ever had with it; that it was a clumsy and a cruel substitute for vigilance and tact—a relic of those times when the insane were caged like beasts, or loaded with chains. I heard others of no less note declare, that restraint could not be entirely abolished without sometimes sacrificing the best interests of the insane, and that in a very small proportion of cases, it was the most efficient and the least irritating method of controlling them. Cases scarcely heard of by one party, were declared to be of frequent occurrence, by others. Contingencies which it has been no small part of my daily duty, to meet, had seldom occurred to some of the advocates of non-restraint, and difficulties which seemed insuperable to me, were regarded by them, as of little account. I apprehend that the circumstances which have marked the history of restraints in England, are unfavorable to that calm and dispassionate tone of feeling which is essential to the formation of impartial views. The parliamentary inquiries of 1814 and 1815, into the state of lunatic asylums, disclosed an amount of abuse in the application of restraints unnecessarily irksome and cruel, which we who have been accustomed to only the milder forms, can scarcely conceive of. And yet so far were these disclosures from

leading directly to a rightful appreciation of this measure and a thorough reform of its abuses, that they continued to be practised down to a very late date. For many years after, it was the custom in one of the principal county asylums—one which will favorably compare with any other in the kingdom—to put every patient in the house without exception under restraint for the night. Down to 1840, it was the custom in the Lancaster asylum to chain or otherwise secure in bed for the night, the epileptic and violent patients, and to place under restraint in the night time, every case on admission, for a longer or shorter period, while some thirty or forty patients were chained down during the day time on their seats. In view of such practices, and of the state of feeling indicated by them, it is not strange that some not duly estimating their ameliorations then begun, should have come to the conclusion, that such abuses could be effectually put down, only by a total disuse of the measure itself. Others, however, thought that public attention had been sufficiently roused—that the evil had begun to be regarded in all its magnitude, and that a reform had commenced which had led to the judicious use of restraints in most of the principal establishments whose example would soon be followed by all the rest. Where feeling has been suffered to mingle with judgment as it has in this case, it is no more than we might have expected, that neither party would give the other due credit for its motives, nor impartially estimate their respective merits in the cause of improvement. I can therefore only help the reader to form an opinion for himself, by stating the observations which I made, the facts which I learned, and the general impression which they made on my own mind.

In conversing with the advocates of non-restraint, I naturally adverted to cases which, in my own experience, had most frequently called for the use of restraint, in order to ascertain how they would be managed without it. Sometimes I was silenced, if not satisfied by the reply, "O, I can assure you, sir, we never have such cases." Some were to

be referred to the category of surgical cases in which restraint was allowed by universal consent. Some were to be managed with strong dresses so locked on they could not be taken off. Some were to be placed in padded rooms; some to be secluded in ordinary rooms, and others to be controlled by the eyes and hands of attendants. That the cases in question are much less frequent in their asylums than in ours, I can readily believe, but the assertion that they do not occur at all was negatived by the counter-assertion of others that they do occur and require to be managed with restraint. Much reliance is placed on strong dresses, locks, &c., for meeting difficulties which would otherwise require restraint. I frequently examined their dresses, and found them to be very like the stout, linen frocks used with us, but in no instance, so strong as I have been in the habit of using. The belts or straps attached to them, are fastened by means of a convenient little lock, or a more simple contrivance lately invented, consisting of two round, brass disks, of the size of a button and perfectly smooth, which strongly adhere when placed in opposition. Dresses far stronger than those, I have seen torn into shreds and scattered about the room, almost as fast as they could be put on, and that too by delicate females. Some of the Superintendents had witnessed the same thing, and indeed, I was told at Hanwell that these contrivances were not always effectual there. An attendant pointed out to me a female patient whom she found naked, she said, almost every morning. That they are effectual to a certain extent, and obviate the use of restraint to that extent, no one doubts. It is only as to the universality of this effect, that we are obliged to entertain some doubts; and when we are gravely told that blisters, dressings for sores, &c., may be kept on by peculiar dresses, and that poultices even may be locked on, we cannot help opening our eyes with wonder. That violent cases may be safely left to *seclusion* without restraint upon the limbs, no one, with a single exception which I shall presently notice, would think of denying. It is the common

practice of the time, but like restraint it may be abused, and it becomes an important question, whether, in many cases where the advocates of non-restraint would use it, it is preferable to gentle restraint upon the limbs, joined with the liberty of circulating freely among other patients in the courts and galleries. If the feelings of the patient himself are to be consulted at all, there can be no doubt that he, as well as most persons, sane or insane, would prefer confinement of a single limb only, to the seclusion of the whole person. So liable is seclusion to lead to the loss of self-respect and to the formation of bad habits, that it must be used with the utmost caution. So strongly were the Governors of the Lincoln Asylum impressed with its evils, that they prohibited its use altogether, by the same kind of logic which has led the advocates of non-restraint to the entire disuse of that measure. Dr. Conolly thinks he obviates all objection to the use of seclusion, by stating that it is "a simple exclusion of all irritations for a limited time, and of which the effects are most carefully watched, and known to be most salutary." This is all very correct, but may it not be said with equal correctness, of mechanical restraints, that they are for a limited time, their effects carefully watched, and known to be most salutary? In the hands of judicious and observing men, each may be conducive to the good of the patient. Managed by the careless and unreflecting, each may become the source of incalculable evil.

There is one substitute for mechanical restraint in regard to which there seems to be a diversity of opinion not easily explained. When the movements of a patient require to be controlled; as for instance, when he is obstinately bent on gouging out his eyes, biting off his tongue, or standing on his head—these are not imaginary cases—it would seem as if it must be by the unremitting application of the hands and arms of attendants, if mechanical restraint is disused. But Dr. Conolly seldom, if ever, has alluded to this means of control, and Dr. Hutcheson decidedly disclaims it, but at the Lincoln asylum its use is distinctly recognized. By

the regulations of this institution, the attendants are required to report to the House-Surgeon whenever any patient is held by the hands as much as ten minutes; and if he direct the holding to be continued, the fact must be entered in the "Register of Control." Holding a person by one's hands is no less a method of restraint, than holding him by a muff or a cam-isolet, and the question which of them we shall adopt, should be decided, not by the force of names, but by a careful investigation of their effects both upon the patient and the attendants. The advocates of non-restraint are fond of alleging that the use of restraint tends to relax the vigilance and deaden the sensibilities of the attendant, while their method has the opposite effect. The following passage from the regulations of the last mentioned institution, will induce us to pause before giving our assent to this conclusion. "The person of every patient shall be especially and carefully examined weekly by the House-Surgeon and Matron respectively, while bathing, or otherwise changing their linen; and marks (if any) found upon their persons, shall be reported in the 'Daily Return of the State of the Patients' forthwith to the Board." For such an extraordinary regulation as this, one cannot help inferring that there must be an imperative reason. Men do not use extraordinary precautions against a given contingency, without strong grounds for believing that it is likely to occur.

I had supposed that the opposition to the use of restraint might have arisen mainly from the belief, that its benefits in the few cases to which it is now applied, are more than counterbalanced by the evils which inevitably follow its use in large institutions, where the supervision of the officers cannot be so efficient as in smaller ones, and not from the conviction that it is invariably and necessarily bad. But this issue no one seemed willing to accept. Dr. Conolly advocated non-restraint, because he regarded it as inappropriate, or positively injurious in every possible case, unless it might be those of a surgical character. He is apprehensive that the continuance of restraint even in the mildest way, will

finally end in the restoration of the measure in all its enormity. But surely, Dr. Conolly is too sound a philosopher, has too much faith in human progress, to believe that revolutions ever go backward. Dr. Hutcheson disclaimed any theoretical opinions on the subject. He had not used restraint for several years, for the simple reason that he had met with no case that required it. Whether or not, however, such a case might occur, is a point to be determined by experience, not by any preconceived theories.

No one who reads the discussions on this subject, uninfluenced by local or theoretical prejudices, can help observing, that, in dealing with their opponents, the prominent advocates of non-restraint, for whose moral and intellectual character, I entertain the deepest respect, have not exhibited all that candor and fairness which should characterise the inquirer after truth. To illustrate the evils of restraint, they are fond of instancing cases which belong to a time long since gone by, or occurred in workhouses or obscure and ill-directed establishments. They do not fully and generously acknowledge the fact which is well-known to be true, that in those institutions of any note where restraint is still practised, it seldom exceeds one or two per cent; that for weeks and months together, it may not be used at all; and that in good order, quiet, and general condition, they are inferior to no other. Dr. Conolly describes a refractory ward at Charenton, as presenting a scene of turbulence and noise which he attributes to the use of restraint, but when similar scenes are noticed at Hanwell by the Metropolitan Commissioners, he claims a suspension of the unfavorable opinion which such a fact would cause against the system of non-restraint, on the ground that it is imperfectly carried out, and not heartily supported. Are the friends of restraint to claim no allowances for their mischances, on the score of unkind and faithless attendants, and uncontrollable accidents? In another place he says, "restraint is but half a remedy. Granting that it excludes the immediate danger of suicide (which it does not,) it does nothing for its cure;

nothing to alter the suicidal condition of the mind. It must therefore be prolonged as long as the patient lives." Is this a fair—is it a correct representation of the effects of restraint in suicidal cases? Although not often appropriate to this class of cases, there is occasionally one which imperatively requires its use, and which improves under its application. If Dr. Conolly has not met with such cases, others have, and they have long since entered into the class of well-observed, well-authenticated facts.

How the system of entire non-restraint works in the institutions where it has been adopted, is after all, the main question, but the evidence touching it, is not very satisfactory. Its friends declare that it has been followed by a manifest increase of quiet and good order, by greater vigilance and kindness on the part of the attendants, and an unmistakable improvement in the general condition of the house. Every difficulty, they say, has vanished before a little perseverance and tact, tokens of encouragement have followed them through every step of their progress, and they confidently believe that a new epoch has occurred in the management of the insane. The testimony of others, however, presents a very different picture for our contemplation. They talk of a great increase of excitement and disorder, of blows and bruises inflicted, of tranquil patients kept in constant dread of the violence of their excited companions, and of the sacrifice of life and limb, as the results of the abandonment of all restraint. The observations of the Metropolitan Commissioners seem not to have impressed them very strongly in its favor. In asylums conducted without restraint, they witnessed an unusual degree of confusion, disorder, and turbulence; of patients half-naked in the courts, or with feet swollen by long standing; of some biting, maiming, or struggling with their attendants; or committing violence on one another. Quite a formidable chapter of accidents is chronicled as having come under their notice at Hanwell, but, in justice to the officers of this institution, it ought to be stated, that many of those accidents and events, cannot be fairly attrib-

uted to the working of the non-restraint system. When an establishment calculated for 7 or 800 patients, is made to receive over 1000, and the difficulty of managing it in that crowded state is still farther increased by a system of *direction* characterised by stupidity and conceit, which is destructive of discipline and of all harmony between its several parts, it must be regarded as highly creditable to its officers, that, in the face of such obstacles, they have managed its affairs so well. If under such circumstances, restraint had been used at all, the catalogue of accidents might have been shortened, but the general welfare of the patients would not probably, have been improved. Many other deplorable accidents which they record, cannot be so easily disposed of, and those who are seeking only for the truth, will find it hard to regard them as any other than the legitimate fruits of the system of non-restraint.

It would seem too as if the expectations of its friends had not been entirely answered, although for a time, its results were quite satisfactory. At the Northampton asylum where entire non-restraint had been practiced for some time, and where, I have no doubt, it had the fairest chance of being successfully carried out, I observed a female patient with restraint on her hands. She was strongly suicidal, and I was told that in consequence of repeated and almost successful attempts, it was thought unsafe to trust her to the mere vigilance of attendants. At the Gloucester asylum which is mentioned among the non-restraint institutions, I was informed that restraint is occasionally resorted to.

But whatever may be the merits of the non-restraint system, the fact is none the less certain, that large establishments are conducted without any restraint and with but little seclusion, and that none of them, of any celebrity, employ so much as ours. How can this fact be explained? I am not prepared to regard it as indicative of superior knowledge, fidelity, or tact, but as arising from the different character of of their patients, as explained in the remarks already made relative to the greater tranquility of their institutions. I was

convinced by my own observations, that they have comparatively little of that destructive propensity which is so abundantly manifested here in tearing and breaking. Hence strong dresses are found to answer their purposes in a very large proportion of that class of cases which, with us, would require the muff, mittens, or bed strap. In the Surrey asylum, containing over 400 inmates, only one of the day-room fires was guarded, and in every gallery, if I mistake not, the gas-lights were within reach of the patients. In Bethlem where one sees more excitement than almost anywhere else—though from no fault of the resident officers—patients might be seen with belts and straps and locks upon their dresses, which would present but little resistance to a determined effort. One of the most excited patients I saw there or elsewhere, had free access to the windows of her rooms, and though the glass was very thick, it could not resist a very smart blow. Nowhere were the patients' clothing so much disfigured, as with us, in the loss of buttons, tearing out of button holes, repudiation of suspenders, &c. In France the only restraint found necessary is the camisole, which is nothing more than a strong linen frock with sleeves so long that they may be crossed in front and tied together behind, and in Great Britain too, this constitutes almost the only form of mechanical restraint.

When we consider, on the one hand, how slight a thing restraint is in the European institutions, and how seldom it is applied at all; and, on the other, how many points there are in the management of the insane, involving their comfort and curability in a far greater degree, I cannot help concluding that this question of restraint or non-restraint, has received a degree of attention altogether disproportionate to its intrinsic merits. I do not mean to sanction the idea, that the imposition of restraint is an unimportant matter. On the contrary, I would have it regarded as, in most cases, a necessary evil, used only for the prevention of a greater. When insane manifestations are to be resisted, as they sometimes must, the precise form in which it is to be done, wheth-

er by mechanical restraint, by seclusion in a room, or by the arms, hands or eyes of attendants, is a question that must be determined by the circumstances of the individual case, not by theoretical considerations.

Labor.—The employment of the patients in some form of useful labor, is practised in all the institutions I visited, and in some to an extent quite unparalleled, I apprehend, in this country. It is stated by the Metropolitan Commissioners, that at the Wakefield Asylum, 120 out of 208 male patients, and 135 out of 190 female patients, were employed in various ways, and in several more, I should think the proportion of laboring patients was equally large. At the last named institution, I was shown piles of fancy articles made by the female patients, sufficient with similar accumulations at Hanwell, to set up a respectable shop in Broadway. Such exhibitions were frequent, especially in asylums situated in the manufacturing districts, and in passing through their workshops, I often thought that a stranger would require farther proof before he could believe that he was not rather within the walls of a factory than of a hospital for the insane. At Belfast, for instance, it was quite a sight to behold the number of old women spinning flax with their little foot-wheels, and the rows of looms at which a set of cheerful-looking men were making every kind and quality of linen. No factory presents a scene of busier activity than is daily witnessed in some of the English establishments for the insane. In one room may be seen a party making mats; in another a corps of basket-makers are plying the osiers into fanciful or useful forms; farther on is a knot of shoe-makers, and in the building across the court, a joiner's shop gives employment to those who have a fancy for edge-tools. The blacksmith, the mason, the painter, the weaver, may also find their representatives within the same institution, and in the Surrey, where almost every body seemed to be doing something, I observed a couple of men very demurely knitting stockings. Agricultural labor, I found, was a fa-

vorite kind of employment, and the insufficiency of their land a subject of frequent complaint. This is a common defect in the older institutions which were established before the benefits of agricultural labor to the insane were so generally known as at the present time, but in the more recent ones, this object has been nobly provided for. The Glasgow asylum has 57 acres, and the Surrey, but five or six miles from the heart of London, is in possession of 97 acres.

In France, the importance of labor was not so early recognised, as it was in England. Dr. Parchappe, in his *Notice statistique* of the hospital at Rouen, says, that it was not until 1830 considered safe in that institution to entrust the patients with tools that might be misused, and accordingly, previous to that period, the only employment furnished to the inmates of both sexes, with an occasional exception, was sewing. Within a few years, however, the French have met this, as well as most other requirements of the time, in a most laudable manner, and now the indications of bodily activity are as strong in their asylums as in the British. In addition to numerous handicrafts pursued at the Bicetre, the farm of St. Anne, at a little distance containing some 30 or 40 acres, furnishes occupation to a very large number of its patients. At St. Yon also the employments are varied, and the number engaged in them bears a considerable proportion to the whole,—much larger, according to its own tables, than in any British institution.

The German asylums which I saw, presented no exception to what seems to be the general opinion in Europe respecting the value of labor to the insane. The establishment at Illenau possesses 55 acres of land, and workshops are provided for pursuing the trades of the joiner, the blacksmith, the tailor, the locksmith, and shoemaker.

Our remarks on the moral and social condition of the patients in the European asylums, as compared with that of our patients, will enable us, on a little reflection, to understand why so much more labor should be done by the former. We have a much larger proportion from the higher

walks of life, who, never having been accustomed to labor, are little disposed to engage in it when in the asylum, and the better education of the laboring classes induces many of them to resort to books and newspapers to occupy their time, who otherwise would have been glad to relieve the tedium of confinement by manual labor. Another cause, and perhaps it is the principal, of the difference in question, is the independent spirit of our patients. Accustomed to associate work with the idea of pecuniary profit, it is abhorrent to all their notions of fair dealing to labor without compensation. Pay them a fair price for their work, and they will engage in it with all their heart, but to be required to labor gratuitously for those who confine them against their will and charge them two or three dollars a week besides, they regard as insulting as well as unjust. Neither are they to be moved by any plausible recommendations of the hygienic value of labor, for if their health would be improved by laboring for others, it would be so for a stronger reason, if laboring for themselves, sweetened as it would be, by the reflection, that they were to enjoy its pecuniary as well as hygienic effects. This view of the matter is constantly prompting the reply, "if I am able to work for the institution, I am able to work for myself;" while the doctrine and example of those who make it, deter many of their fellow-patients from working, who would never have thought of refusing. In many of the foreign asylums, the patients receive a certain proportion of the proceeds of their labor, and in Great Britain, it is an almost if not quite universal practice, to give those who labor an extra allowance of beer and tobacco, and this is a sufficient inducement to bring out the most of those who are able to labor. I have no doubt that something of this kind would greatly increase the amount of labor in our institutions, but it is too abhorrent I presume, to the severe simplicity of our national tastes, to be thought of at present.

Amusements and Recreations.—The contrivances resort-

ed to in the foreign asylums for beguiling the time of such as are unable or unwilling to labor, are very much the same as those adopted among us. Cards, draughts, backgammon, bagatelle, chess, rocking-horses, &c., are very common, and in a few instances, I observed a billiard table. It appeared to me that reading was much less common than with us. This might have been expected in institutions a large proportion of whose inmates are unable to read at all, and as many more who have read too little to derive much pleasure from the exercise. But even among the better classes of patients, I saw few books lying about as compared with the abundance usually seen in our establishments. A newspaper, I very seldom saw. They have tea-drinkings, and gatherings on the national holidays, and sometimes the advent of an illustrious visitor gives rise to a festivity. At Gloucester I observed a happy contrivance for employing some of the idle hours of the male patients of the higher ranks, partaking of the nature of both recreation and labor. A patch of ground was allotted to them, in which they took much pride and pleasure in raising the vegetables for their own table. Walking or driving out into the country which forms so considerable a part of the recreation of our patients, is much less practiced in the public asylums; indeed the pauper classes, as a general rule, are not permitted to leave the premises at all. Dr. Hitch of the Gloucester asylum has been in the habit of allowing some ten or a dozen to go in and out at their own discretion, but the fact is noticed by the Metropolitan Commissioners, with decided disapprobation.

There seems to be in the English community an undue apprehension of danger from the insane when at large. The safety of the lieges is thought to require their constant detention within the asylum-walls, and the utmost jealousy is manifested of any attempt to relax the rigor of their confinement. One of their Superintendents informed me that on one occasion, he permitted a few of his tranquil or convalescent patients accompanied by attendants, to witness the

exhibition of a circus or some dramatic performance, I do not precisely recollect which, in the neighboring town. The next day to his surprise, he was severely censured in the newspapers of the place, for unwarrantably trifling with the safety of the community, by letting loose a band of lunatics. The gratification experienced by these unfortunate fellow-men, and the safeguards provided against any harm, were not thought to be worth taking into the account.

The enjoyments of the more affluent classes are also abridged by a popular prejudice, no less rigorous and unfeeling in its exactions. In Europe insanity is dreaded, not merely on account of the suffering it inflicts on its immediate victim, but because it is supposed to implicate the moral and intellectual soundness of the rest of his family, and thus throws a cloud over their prospects in life. It is always a point on which they are exceedingly sensitive, and allusions to it are as cautiously avoided as if it were a matter of physical deformity, or moral delinquency. Its existence is carefully concealed, or kept out of sight as much as possible, and many a case is placed in an asylum that would be perfectly harmless at home and capable of enjoying many of its comforts and pleasures. But even in the asylum they are not beyond the influence of the same prejudice. The isolation is required to be complete and unremitting, and the patient is as effectually cut off from the world as if laboring under a contagious disease for which a life-long quarantine is required, that those of his own flesh and blood may not feel its effects. Many of his friends and acquaintances, even among his own kindred, may not know the place of his abode, and the sight of a stranger is far from being a frequent event in his life. Thus the superintendent is seriously hampered in the moral management of his patients, and is often obliged to sacrifice his own plans in regard to their moral welfare, to the inexorable requirements of a public opinion which is founded solely in ignorance and selfishness. A walk abroad in the country where the patient might inhale the pure breezes of heaven as they sweep

over the fields, and enjoy the unrestricted motion of his limbs, is sometimes a forbidden pleasure, for he might possibly meet with some one who knows him. This condition of public opinion was often feelingly deplored by superintendents who were obliged to yield the most entire submission to its dictates. One of them informed me that he once made a party for a few of his patients to which he invited some of their friends from the adjacent city. The evening passed off very pleasantly, and he congratulated himself upon the result of his endeavor to lighten, for an hour, the burden of the afflicted ones committed to his care. His reward was of the kind not unfrequently bestowed upon a good deed. He was assailed in the public prints, and charged with exposing his patients to the world.

With one or two exceptions, I was never permitted to observe very freely this class of patients. Hour after hour might be spent in the galleries and airing-grounds of the pauper classes, but the part of the house occupied by the others, although the most elaborately fitted up and furnished, was despatched in a few minutes. A rapid walk through the galleries, and a hasty look into the parlors and bedrooms, comprised the whole of my visit there, and that was probably, more than would have been permitted to most strangers. Sometimes I was not permitted to see this class of patients at all. They were carefully got out of the way, and I walked through apartments furnished with every contrivance of elegance and luxury, but completely deserted by their occupants. In explanation, I was told that they dared not do otherwise; that, such was the peculiar sensitiveness of the public on this subject, the fact, if known, of some of these persons being seen by visitors, would be instantly followed by their removal. I met with more of this feeling in Scotland than anywhere else; while in England, where I should have expected to find it strongest, I thought the seclusion was much less rigid.

I am not disposed to question the propriety of preserving the inmates of asylums from the public gaze. There is

nothing more abhorrent to all correct feeling, more indicative of a want of all sense of delicacy, than the practice of gratifying the heartless curiosity of visitors by parading the delusions and grievances, the ravings and violence of those unfortunate people who have been sent to us for protection. If there is ever a time when one would wish to be shielded from observation, it certainly is that, when reason had deserted her throne, and he has become the sport of appetite or passion, or is indulging in every description of absurdity and folly. But reprehensible as all this is, the almost monastic seclusion practiced abroad, is scarcely less so. There are many persons who, though unfit to be at large, or in the bosom of their families, have not become insensible to all the delights of social intercourse. The sight of a friend's face may excite as readily as ever, a glow of pleasing emotion, and conversation has lost none of its power to beguile the tedious hours of confinement. Upon the convalescent patient yearning for the sight of family or friends, and with the keenest relish of social enjoyment, a restricted intercourse with his fellow-men is calculated to exert a restorative influence, by making agreeable impressions, and diminishing the irksomeness of seclusion. I do not mean to say that every patient who would be pleased to have this privilege, would be benefited by it. Some, no doubt, would be injuriously affected, and be obliged to atone for an hour's indulgence, by days of inordinate excitement. But it cannot be denied, that in every asylum there are some patients who would be made happier and better, by occasionally seeing and conversing with their more rational fellow-men. The only consideration that should influence our conduct in this matter, should be the welfare of the patient, not the selfish feelings of friends. Intercourse with the world should be regarded in the light of a moral remedy of no insignificant power, which it is as much our right and duty to use where it is evidently beneficial, as to withhold when there is reason to believe its effects would be pernicious. Its management should be left to the superintendent who is most

able to form a correct opinion on the subject, and his decision ought not to be affected by the squeamishness of friends who would convert an asylum into a prison, nor by the vulgar curiosity of the public who would turn it into a show-house for the exhibition of the saddest infirmities of our nature.

Schools.—In a few of the English establishments, some attention has been given to the instruction of the patients, especially at Hanwell whose chaplain made the discovery, two or three years since, that “patients who are unable to read, can be instructed in the alphabet and spelling.” I did not see any of their schools in operation, and know nothing more about them than what I learn from the published Reports.

At St. Yon, the Bicetre, and the Salpetriere, schools for instruction in the rudiments of learning form part of the ordinary routine of moral treatment. In the school at the last named hospital, which I had the pleasure of seeing once with M. Battelle, and subsequently with Dr. Falret in the course of his morning visit, the exercises consisted of reading, writing, recitations of pieces committed to memory, and singing, individually or collectively. In the mean time the most of them pursued their customary employment of knitting or needlework. Many a countenance beamed with pleasure, and an air of quiet and cheerful interest pervaded the whole school. There were from 80 to 100 present, and perhaps there would have been more, had the room been larger. Every request to repeat their simple lessons was readily complied with, with none of that *mauvaise honte* which, with us, would have closed up every mouth in the presence of a stranger. The superior docility and flexibility of the French character, permit the use of school-instruction in their hospitals for the insane, to a much greater extent than would be possible, I think, in ours. Still, in all of them, instruction of some kind or other, may be profitably introduced, for there is time enough that cannot be oc-

cupied in any other way, and patients enough who, from disinclination to labor, or a desire of change would be gratified with the employment. Young patients, particularly, cannot spend a portion of their time, more pleasantly and profitably, than in the school-room. For those of more cultivated minds, familiar lectures on scientific subjects, plentifully illustrated by figures and diagrams, may appropriately take the place of elementary instruction. Dr. Brigham of the Utica asylum, and Dr. Earle of the Bloomingdale, have taken some pains to employ their patients in this manner, and they represent the result to have been highly satisfactory. Indeed, nothing is to be despised which serves to relieve the tedium of confinement without carrying the mental excitement it may occasion, beyond the healthy point.

At the Bicetre, I spent an hour or two in the school of idiots which has been instituted and carried on under the superintendence of Dr. Voisin. As early as 1828, Ferrus made the first attempt in France to develop the powers of idiots—which attempt has resulted in the present school of Voisin, which exhibits to the astonished and gratified spectator, a triumph of perseverance and skill in the cause of humanity that does infinite credit to the heart and understanding of that gentleman. For many years he has directed his attention to the relations between the physical organization of children and their moral and intellectual faculties, and has satisfied himself as well as many others, that they may be reduced to certain definite principles. One of them is, that those peculiar mental tendencies which spring from abnormal conditions of the brain, are, more or less, under the influence of education. Acting upon this principle, he opened a private establishment for the training of youth exhibiting remarkable moral or intellectual manifestations, and whom ordinary teachers were unable to manage. Another principle at which he arrived was, that every mental and physical talent, at all under the influence of the will, is susceptible of development and improvement within definite limits, and this he has applied to the education of idiots.

For this purpose, these unfortunates have been sent in large numbers to the Bicetre, and subjected to a regular course of training by Dr. Voisin and his assistants. I found about 80 of them, from six to fourteen years old, in the school-room with their teacher, M. Valee, going through the ordinary routine of their exercises. These, I observed were frequently changed, for the purpose of calling different faculties into play without fatiguing any, and by blending instruction with amusement, physical exercise and agreeable impressions on the senses, the interest was constantly sustained, and the attention kept alive. At one moment a question in arithmetic or spelling was answered simultaneously; at another, they drew geometrical figures on a blackboard; at another, a song was sung by their united voices, evincing considerable perception of time and harmony; at another, they marched around the room by the tap of a drum beat by one of their own number; and anon went through some complicated military evolutions that quite outdid the highest tactical achievements of our New England militia, so far as they have fallen under my observation. These exercises were interspersed with divers games and feats of skill, such as, leap-frog, fencing, jumping over a stick, &c., in which each one strove to do his best. Finally, singing in unison. they left the room and proceeded to their breakfast, whither we followed them. Here, each one took his place at table, and another song was sung,* when they sat down and partook

* From a manuscript copy of their songs given to me by M. Valee, I have selected the following of which, a friend at my elbow has furnished an extempore translation that represents very well the style and sentiment of the original.

CHANT POUR LA GEOMETRIE.

La geometrie,
C' est bien amusant
Quand sa theorie
S' apprend en chantant
Plan, plan, plan, plan, rataplan, plan,
Plan, plan, plan, rataplan,

SONG FOR GEOMETRY.

Even geometry,'s
Pleasant enough
When taught by us singing,
And learnt in the rough.
Rub, rub, rub, rub, rub-a-dub, dub,
Rub, rub, rub, rub-a-dub, dub,

of their meal quietly and orderly. I have seen many a school of ordinary children, in which good manners and correct behavior were a less prominent trait, than in this. From the breakfast room, they went to play in the yards, and thence to their respective trades and occupations, and thus, in a constant round of interesting exercises, calculated to cultivate some moral, intellectual, or physical power, their time is passed.

In the course of my visit, Charles Emile, whose case is

Pour nous la figure
Te fait sans compas,
Nous prenons mesure
En marchant au pas.
Plan, plan, &c.

Quand on nous aligne
L'un a l'autre joints,
Nous formons la ligne
Compose de points.
Plan, plan, &c.

La droite que trace
Une habile main,
Est dans un espace
Le plus court chemin.
Plan, plan, &c.

Nous formons sur elle
Notre alignement,
En la parallele
Est au second rang.
Plan, plan, &c.

La courbe s'impose
En toute rigueur,
Au groupe que pose
Un bon moniteur.
• Plan, plan, &c.

Vite en sens contraire,
D'un pas assure,
Partons tous pour faire
Un double carre.
Plan, plan, &c.

All its figures for us
Are made without compass,
Our measures are stepped
While making a rumpus.
Rub, rub, &c.

When standing together
And all in a row,
We just form a line
Made of points, as you know.
Rub, rub, &c.

And such a right line,
Our teachers all say,
Just traverses space
By the shortest way.
Rub, rub, &c.

Upon this we form
Our line of parade,
And the parallel comes
When the next is arrayed.
Rub, rub, &c.

The curve too is found
With great strictness here
In the group that is placed
By our teacher dear.
Rub, rub, &c.

And now let us try,
While moving off there,
To form of ourselves,
A nice double square.
Rub, rub, &c.

described at some length by Dr. Conolly, came up, and exhibited his proficiency, which, considering the desperate nature of his case, was certainly remarkable. On the black-board he drew several geometrical figures as they were named to him, and again told their names when their representatives in wood or card were pointed out to him. He counted, sang, and wrote upon the black-board. His copy-book showed as much improvement as is witnessed in those of most ordinary schoolboys, and had been kept full as clean and smooth. As soon as they are old enough, these boys are taught a trade, and judging from the specimens of their work, it was obvious they had been taught to some purpose. Some of their shoes were very creditable specimens of the art.

At the Surrey Asylum, some attention has been given to the improvement of idiots, and I saw several there who had been raised from the most degraded condition in which humanity can appear, and taught to behave with propriety, and render themselves useful. In passing through this establishment, we met one, an adult, very busy in chopping wood. Mr. Hill informed me that previous to entering the asylum, which was not long before, he had been considered a dangerous subject, having learned nothing, and as mischievous as he was ignorant. Persevering, judicious, kind training, for a comparatively short period, had rendered him as inoffensive and industrious as any one in the house. At the Wakefield Asylum, much pains have been taken by Dr. and Mrs. Corsellis to improve the idiots that have come under their charge. They told me, however, that though they had succeeded in improving their habits, and making them useful in some simple employment, they had been obliged to desist almost entirely, from teaching them the rudiments of learning, or exciting any intellectual effort, from its tendency to bring on convulsions, or paroxysms of excitement. As I had heard nothing of this kind at the Bicetre, it occurred to me, that there might be some difference in the physical soundness of their subjects. Indeed, the existence of this fact might be

inferred from the different motives which lead to their admission in the two institutions. Those only are sent to the English asylums, who are dangerous, or are laboring under diseases that require medical treatment, or some special attention. Among the diseases of idiots, epilepsy, or some other form of nervous disorder, is the most prominent, and would be very likely to be rendered active by exercise of the cerebral system. In the Bicetre, on the other hand, idiots are placed for the purpose of being educated, and though I do not know that the diseased are rejected, yet it is obvious that their proportion must be much less.

Some, I am aware, are unable to see any adequate return for all this outlay of labor and perseverance for the purpose of teaching these imperfect creatures to repeat certain things in a parrot-like manner, and of which they can scarcely have more than a parrot's comprehension. Undoubtedly, it cannot be expected to enlarge their minds to the comprehension of abstract ideas, or render them very valuable members of society, but it surely is something to reclaim them from the dominion of mischievous propensities and brutal appetites, to render their deportment correct and safe to society, and enable them, wholly or partly, to provide for their own subsistence. In an economical point of view, setting aside the moral, the education of idiots does make some return for what it costs, and deserves the attention of the community. It may be placed therefore, on the same footing, as the education of the blind, and of deaf-mutes,—that of enabling them to do something for their own support. Though but few of them may be directly dangerous to society, yet none of them are suitable associates for the sound in mind, and ought to be secluded somewhere. Hospitals for the insane are not suitable places for them, for the social objection is equally strong, and could not furnish the kind of education which they require. They need establishments expressly provided for the purpose, with proper teachers, and all the means and appliances of instruction and employment. When we have fulfilled our duty to the insane

who are yet suffering from the neglect of society, in cages and dark holes, then it is to be hoped—but not till then—these poor creatures will share in the public benevolence which now smiles upon those other classes who have been denied some essential gift of nature.

Noisy Patients.—The noise of excited patients is one of the most serious annoyances experienced by those who are tranquil, disturbing their rest at night, and morbidly exciting their sensibility by signs of suffering and distress. A single scream, or burst of vociferation may open every eye in the establishment, and give occasion to subsequent inquiry and conversation which cannot have a healthful influence. The effect is especially bad upon timid patients recently entered, whom every sound awakes, and fills with painful apprehensions. It is a disheartening thing to the Superintendent, as he passes from one gallery to another in his morning visit, to hear the frequent complaint from this class of patients, of being kept awake, hour after hour, by the noise of others,—which complaints may be mingled, perhaps, with ironical encomiums on the quiet of lunatic asylums which renders them such a suitable resort for persons of weak and irritable nerves. As might have been inferred from what has been already said, the evil in question is not so serious in the European establishments, and consequently, I presume, the inducements to find a remedy, have not been equally strong. I observed that the most common arrangement was, to place the class of noisy patients, in the extreme ends of the most remote wings. In very large establishments, they were placed in galleries by themselves, but more or less connected with the rest of the house. In the Salpetriere, they are placed in a row of single cells, in the rear of the other structures, amid trees and shrubbery, each one forming a separate edifice by itself. At Siegburg also, I observed, small detached buildings for this class.

The choice between these arrangements is acknowledged to be but a choice of evils, the preference being frequently

given to that which seems to be least encumbered with difficulties for the simple reason, that it has not been tried by him who has to decide the point. It was admitted that when the excited patients were in the principal building, they would disturb the others, because, however remote they might be from the centre, they were still within the sound of some. On the other hand, it is feared that in separate, remote buildings, they are removed beyond the easy supervision of the officers—a result the more to be avoided as they are the class most likely to be neglected, and the least capable of making known their wants. Mr. Tuke has stated that the committee of the Retreat “had almost determined to erect distinct wards for their worst patients, when the scale was turned against the plan, by the experienced matron of that institution, who implored the committee not to remove that class from her most easy observation, as with her utmost efforts, she could hardly secure for them, the treatment and care which she considered essential.” The evil of having violent and noisy patients in close proximity with others, is unquestionable and serious, and beyond the reach of every endeavor to relieve. Their liability to be neglected, however, when in detached buildings, is not so certain. By constant vigilance this evil may be prevented, and the service be performed with as much fidelity and kindness, as under any other arrangement. If this were the only objection, I think I should decide in their favor, but it may be doubted whether this arrangement does really accomplish the desired object. In the Maine Insane Hospital, the solitaries were nearly 100 feet from the main house, but the voices of their inmates were distinctly audible to the others, when the windows were open, as they usually are in warm weather, and sometimes when they were shut. At the Salpetriere too, I should suppose that the noise of excited patients in the isolated cells, would be nearly as audible as if they were in one of the quadrangles. In view of these difficulties, it would seem to be preferable to take that arrangement which is liable to such objections only as are not obviated in any oth-

er, and endeavor to make it as perfect as possible. I am inclined to think we can have nothing better than a distinct gallery in a structure running across the end of the remotest wing, and insulated from it as completely as possible, and still communicate freely with it. If we can take advantage of any inequality in the surface of the ground, and place the structure in question a little below the level of that on which the main building rests, as has been done at the McLean asylum, in regard to the female solitaries, we shall more effectually keep out the noise, without sacrificing any desirable object.

Medication.—The remarkable reform which, within a few years, has been effected in the moral management of the insane in the European establishments, has been attended by a corresponding change in the medical treatment. In England, an active system of medication in recent cases was universally pursued, and although the disease was acknowledged to be less under the control of drugs, than other disorders, yet the duty of administering them seemed to be no less imperative. Little as they could be depended upon, they afforded the only means from which relief could be expected, and as usual, they received the credit of all the improvement that followed, while the want of success was attributed to the inherent obstinacy of the disease itself. But as the wonderful efficacy of enlightened, moral treatment became manifest, in the same degree was lowered the estimate that had been placed upon drugs. Copious bleeding, purging, blistering, salivation, &c., which formed a part of the regular routine of treatment in the English asylums, are now, either entirely abandoned, or very sparingly used. The prevailing opinion in the foreign establishments, seemed to be, that medicine was capable of exerting but little direct influence over the cerebral disorder, and should be chiefly confined to those visceral derangements by which it is often accompanied, particularly in its early stages. Narcotics are given to some extent, for the purpose of procuring sleep.

The effect so commonly attributed to them in this country, of subduing mental and nervous excitement, and leading to convalescence, had not been recognised in any institution I visited, although, as I have been informed, they are used in some others, for their specific effects upon the disease. Nothing seems to be so much relied on, especially in France, for subduing inordinate excitement, as the warm bath protracted for an hour or two, or the cold douche, and their bathing arrangements are usually on a magnificent scale. The statistics of the asylum at Rouen, show that "baths with the sponge," by which is meant immersion of the body in warm water with a sponge of cold water on the forehead, have been given in that institution, as the rate of 60 per day.

The comparatively small amount of medication in the English asylums, may be owing, not only to the little confidence felt in its efficacy, but to their large proportion of chronic cases, and to the peculiar constitution of most of their patients, in the early stage of the disorder. Very often, perhaps habitually, they have been subjected to a stinted allowance of food, and that chiefly vegetable, and therefore we might be led to expect, upon every sound principle of therapeutics, that their system would require a kind of medication very different from such as would be proper for the most of our patients who have never known the want of abundant and nutritious food. In England, the number of cases is not small, in which a nutritious diet is all that is required to effect a cure. This condition of the system has led to one characteristic feature of their treatment as compared with ours, and that is the great use that is made of malt liquors. These, more than any or all other articles together, are given for the purpose of subduing excitement, imparting a healthier tone to the system generally, and thus preparing the way for convalescence. They also take the place, to a great extent, of bark, wine, iron, and other tonics so extensively used with us; and many had great faith in their power to control excitement, even when unconnected with that depraved, physical condition induced by habitual

pauperism. This practice is scarcely sanctioned by the therapeutical views that prevail in this country, but it has unquestionably been very successful there. It is very certain that within the last twenty-five or thirty years, English medical practice has lost much of its strict, antiphlogistic character and that tonics and stimulants are now used, to a degree that would once have been regarded as incredible. When passing along the wards of St. Bartholemew's hospital, I was forcibly struck with the frequent prescription of porter, brandy, and beef, borne upon the ticket at the head of the patient's bed. Whether this is to be attributed to a correction of past errors, or to a change, either in the type of disease, or of the constitution of the people, it is no less certain that, in that country, the system, when under the influence of disease, is supposed to require much oftener and much sooner than formerly, the support of tonic and nutritious substances.

It must be borne in mind, however, that malt liquors are the national drink of the English, and, in the quantities prescribed in hospitals, cannot be regarded as a stimulant, in the same sense as wine and brandy. Although we may not have equal reason to expect from them the same service in the treatment of insanity, yet I think they are worthy of trial in a class of cases where the condition of the system is not very unlike that which characterises the English patients, and which, I apprehend, are becoming more and more frequent with us. I refer to a class of females from the humbler walks of life, in whom frequent child-bearing, hard labor, exposure to cold, and the cares of a growing family, have enfeebled the powers of a constitution never robust, and produced a train of functional disorders, of which, insanity is the last and chief. Considering how little impression we are able to make upon such cases by means of bark and wine, and the ordinary tonics, there seems to be a strong inducement to make trial of malt liquors. For anything we know from experience, they may furnish that precise combination of tonic, stimulant and nutritious prop-

erties which this peculiar condition of the constitution requires.

I observed a prevalent custom in the foreign hospitals, which, though not to be regarded in the light of a medicine, might be supposed to have an effect on the nervous system. In every asylum that I visited, without a single exception, I believe, I observed many patients using tobacco, either by smoking or snuffing, but chiefly the former. To see an article so rigidly proscribed in our hospitals, there used with the utmost freedom, somewhat surprised me, and I was induced to make frequent inquiries relative to its effects. I found that no one considered it as injurious, but it was treated as a harmless indulgence which contributed much to the quiet and good humor of the patients. To the paupers it was mostly given as a reward for labor, but not entirely withheld from those who are unable to work. To the private patients, it was allowed, of course, like any other luxury. It was not permitted in cases attended with much excitement, I was often told, but with this exception, I could not learn that there was any restriction upon its use, of a pathological nature. In some establishments, I saw that the patients were allowed to smoke only at certain times of the day, and in all, I presume, the quantity of tobacco used is strictly regulated. This probably, is the principal reason why its effects in the European institutions, are so very different from what they are, or are supposed to be in ours, where the patients obtain it clandestinely, and frequently use it to excess. The less degree of excitability by which the disease is marked in Europe, may contribute, in some measure, perhaps, to the same result. However this may be, it seems to be a fair inference from their experience, that the effect of tobacco on the insane, is not so generally and necessarily bad, as we have been in the habit of supposing, and that under wholesome regulations, it may be made a very proper indulgence.

Religious Exercises.—In the European asylums, religious

observances, in some form or other, are universally adopted and approved of. In Great Britain, they are chiefly confined to a single service on Sunday, though in a few establishments there is a daily morning service. In France and Germany, the religious exercises are conducted by a chaplain who usually resides in the institution, and whose sole duty it is to minister to its spiritual necessities. At Illenau and Siegburg, there are both a Protestant and Catholic chaplain, who live in the house, and perform the service of their respective faiths, at stated times. In Great Britain, a chaplain usually, though not always, officiates, and his pastoral duties may or may not, be confined to the asylum. In some cases he resides in the house, and in all, is very liberally compensated, receiving between £200 and £300. In most cases, a room in the house is suitably fitted up, and consecrated to the purposes of a chapel. In France, the chapel is a building by itself, and makes a conspicuous figure in the *corps des batiments*. At Charenton, a beautiful chapel in the Grecian style rises out of the mass of the other buildings, and furnishes a pleasing relief to their architectural monotony. At Siegburg, the old chapel of the monastery is used for the religious exercises of the asylum, for which it required but little alteration,—so little indeed, that while the eye rested on the numerous tokens of its original uses, it required no forcible effort of the imagination, to summon up from the shadowy past the congregation of cowled and cassocked worshippers who chanted their daily *Te Deum* within its walls. If the old monks, on whose monumental stones in the floor, the purple light was streaming down through the window in the chancel, had arisen from their graves and gathered around the altar, the event would have seemed but little more remarkable, than the spectacle now daily witnessed there would have seemed to them could they have seen it. A worshipping assembly of Benedictine monks, and one of lunatics in the enjoyment of every possible comfort! what a striking illustration of the difference between the charities of their respective times. I could not help fancy-

ing too, that some odor of sanctity still clung to the walls in the rest of the house, in spite of the changes it had undergone, when I observed appropriate texts of Scripture inscribed over the doors of the rooms in the refractory wards, and the exhortations to *Rest, Contentment, Patience, Peace*, conveyed in the inscription of these and other virtues over the doors of the quieter classes.

That part of the British public which takes any interest in asylums for the insane, is disposed to attach an undue importance to religious exercises in the moral treatment of the insane. They make the common mistake of supposing that in mental as well as bodily disorder, the patient is equally able and willing to profit by the consolations of religion, while the truth is, that, generally speaking, the insane manifest far less docility than either those who are bowed down with bodily infirmity, or those who are sound both in body and mind. *But the insane are sick, and the sick stand in need of religious advice and consolation*, and this logic has led among other results, to the appointment of resident chaplains. Besides conducting the ordinary services, these gentlemen spend much of their time in the galleries, endeavoring by means of conversation and the regard attached to the clerical character, to produce a religious impression conducive to the restoration of the patients. In one of the institutions I visited, a book was kept by the chaplain and open to the inspection of the Visiting Justices, in which was recorded from time to time some account of his professional labors. Among the last entries, I observed a description occupying several pages, of the moral and religious condition of a certain patient. According to my own observation, the prevailing opinion in Great Britain, respecting the effect of religious observances, would be correctly stated in the following passage from the Report of the Metropolitan Commissioners, where the word *most* substituted for *many*. "The experience and observation of many Superintendents have led them to the conclusion, that the temporary effect ceases with its cause; and that after the conclusion of the service,

little or no trace is left of its soothing influence." The practice of having a resident chaplain, however, was condemned by the medical officers, without any exception at all. It was thought that, to render any essential service in their clerical character—to avoid doing harm indeed—there was required more practical knowledge of insanity, more knowledge of mankind in their sound as well as unsound condition, than the education and habits of clergymen enable them to obtain. To deal with a patient's delusions without making them still stronger, or irritating his temper, requires a knowledge of the workings of the insane mind and a tact in management, that can be gained only by years of daily observation. Without them an attempt to administer consolation, or direct the thoughts into healthier channels, though accompanied by the utmost kindness of manner, and prompted by heartfelt sympathy, will be as likely to offend and irritate, as to accomplish the desired result. Generally speaking, the insane do not consider themselves as otherwise than sound, either in body or mind, and therefore they can see no propriety in being made the object of a clergyman's special attention, and are somewhat disposed to receive his visits in a spirit very different from that which prompts them. True, their delusions are sometimes of a religious character, and cause them infinite distress of mind, but whoever expects to see them yielding to cheering and consoling views of religion, specially presented to their notice, will certainly be disappointed. I have never known an instance in which the mind has not obstinately refused all relief from that quarter. The difficulties of the subject and the dangers which beset the path of the clergyman, even the most sincerely anxious to discharge his duties judiciously, are so clearly exposed by the "*Matron*," that I cannot forbear to quote some passages from her *Letter*.

"All religious teaching of the Insane should be confined to the public ordinances. In these the seeds of religious truth are scattered, and the afflicted hearers are enabled to pick up as much as they can bear. The mind may be di-

rected to, or abstracted from, the subject set forth, at the will of the listener. The cases are few in which the disordered intellect can bear the stretch of direct individual application to religious subjects; the insane, when listening to the conversation of a clergyman personally applied, become excited, bewildered, and often violent; and I regret truth compels me to admit that I have seen many instances in which religious books and religious conversation have not only retarded recovery, but prevented cure.

"I have heard of patients who have recovered from a state of religious mania or despondency, confess the distressing excitement they have suffered from conversing with the Chaplain, and I have heard them also state that when he has passed them without speaking, they imagined it was on account of their extreme and unpardonable sinfulness. I have heard others admit that the mere sight of the Chaplain had so distressing an effect on their minds, that during the state of convalescence, they have purposely avoided him. The fear also of doing harm, which must operate on the exertions of every observant and humane clergyman, has a tendency to reduce his communications with the patients to a mere round of idle gossip, injurious, inasmuch as it lowers the degree of respect with which he ought to be regarded, and to however trifling an extent, occupying that time, which might be more profitably employed by the patients in active and healthful pursuits.

"Medical and moral means are required in the cure of insanity, but religious conversation and reading can seldom be enumerated in the latter class of remedies. They almost invariably act like fuel added to the fire."

There is another objection to resident chaplains which ought to be conclusive, even were the others much lighter than they really are. It is so difficult to define their exact province in the work of restoring the disordered mind, that collision with the medical officers, is not an unlikely, nor has it been in England an unfrequent result. The latter may see all their efforts frustrated by what they deem the

injudicious course pursued by the chaplain who, however, cannot be made to regard it in that light; and the consequence is, that much ill-feeling is engendered, and a system of unpleasant relations established, productive of incalculable evil. When it so happens that the Chaplain is a man of yielding nature, ready always to surrender his own views when conflicting with those of the medical officers, and always willing to make himself useful in any way that can be suggested, then he proves to them a valuable adjunct. But why risk the peace and harmony of an institution upon so uncertain a contingency, as the chance of obtaining a person of this description—especially for an object of doubtful utility? It may be said, that if the superintendent believes the course of the Chaplain to be injudicious, the latter can be replaced by a more suitable person. This is more easily said than done. Every one must be aware that the removal of an officer, however unsuitable, is, at best, a difficult and an unpleasant affair, and consequently, that much is usually suffered, before it is undertaken. But leaving all speculative considerations, the success of the arrangement in Great Britain where it has given rise to much ill-feeling and some scandalous scenes, has not been such as to recommend it very strongly to our favor.

In the French establishments, the residence of a chaplain or his frequent communications with the patients, is generally favored. But I apprehend that the character of their ministrations, and the ideas of their spiritual office entertained by the people, would make their influence very different from that of the British and American protestant clergy. The French priest is of a flexible temper, and easily accommodates himself to circumstances. His religious exercises are addressed, in a great measure, to the senses, and his consolations fall upon the heart with a powerful sanction.

Jacobi, I am aware, attaches much importance to the labors of resident chaplains, but if we are to insist upon the qualifications which he requires them to possess, it will be

long, probably, before we shall be able, in this country, to avail ourselves of their services.

Criminal Lunatics.—The disposal of criminal lunatics, in which term are included those insane persons who have committed criminal acts while insane, as well as those who have become so while suffering imprisonment for their crimes, is now exciting considerable attention in Great Britain and France, and has caused no little embarrassment to many of our Superintendents. At present, they are confined in public or private asylums, or jails. Bethlem, for instance, is the receptacle of this class furnished by the metropolitan district of England, amounting to 85 in number. The serious objections against keeping these persons in jails, or hospitals for the insane, have induced the Metropolitan Commissioners to advise that a part of Bethlem, or some convenient prison, should be appropriated solely to them, so that they shall have no communication with other patients or prisoners. A similar arrangement has been recommended for Ireland; and it is about being carried into effect, to a limited extent, in France. At the Bicetre, a building has been erected in the rear of the others, though not quite finished at the time of my visit, for the accommodation of 36 inmates. It is of a circular shape, with strong, thick walls, and the rooms are arranged around the circumference of the circle, one end being formed by the enclosing wall, and the other opening upon the area in the centre. In the very centre of this area, is a circular room for attendants, commanding a view of all the rooms and airing-grounds. The latter are small apartments for exercise, contiguous to the lodging rooms, and somewhat like the exercising yards in the recently constructed prisons on the separate system. From these arrangements, I judged that the inmates are not to go out of the building at all, and that the confinement is to be as strict as that of ordinary prisons.

I am not aware that in this country, reference has ever been made to this class of patients, in the arrangements of

any asylum for the insane, unless it may be in the new erections at Columbus, Ohio, where at the suggestion of the Superintendent, Dr. Awl, some rooms of an unusually strong character have been provided for them. I presume, however, it is no part of this plan, to effect a complete insulation of these patients, except perhaps, in particular cases, where it may be deemed necessary for their security.

The difficulties that encompass this question, I do not pretend to remove, but a statement of them may possibly lead others to a more successful inquiry. In the disposal of this class of subjects, security is a prime consideration. Our insane hospitals are made strong enough to retain their inmates, with the occasional exception of one of unusual perseverance and ingenuity. To make them so strong and adopt such a system of watching as to render the escape of such persons, impossible, would be to make them real prisons, instead of hospitals for weak and disordered minds; in other words, to make them incompatible with the promotion of their rightful purposes which require that they should be as little like a prison, as is possible. A hospital for the insane, therefore, is not a proper place for persons whose safe keeping is implicitly required by the peace and safety of the community; nor am I sure that they can be made such by any practicable modification. A few rooms may be made as strong as those of any prison, but, not to mention their disagreeable appearance, if the person is not confined all the time; if he is allowed to mingle with other inmates, or enjoy any of their privileges, he has, at the time, the same opportunities of escape which they have. Besides, the impropriety of thrusting such persons into the bosom of a society like that of an asylum for the insane, must be too obvious to require much comment. Their presence will generally excite disagreeable impressions, and sometimes, feelings of disgust and loathing. True, a distinct wing or gallery might be appropriated exclusively to them, but the kind of management and service they would need, would be so different from such as prevails in ordinary hospitals

for the insane, that the unity and harmony of an establishment would be completely destroyed, and any gain that might accrue to the criminal lunatic himself from such an arrangement, would be more than counterbalanced by the inconvenience it would necessarily impose upon all the rest; while it would be very doubtful, after all, whether we had done anything more than to convert a good hospital into a poor prison. An illustration of what may be expected from such arrangements, I witnessed in one of the wards appropriated to criminal lunatics in Bethlem,—a space railed in with iron bars, a kind of cage in fact, in which were four patients who were supposed to be dangerous. To confine them to their rooms was thought to be a measure unnecessarily severe, while to let them be at large would be unsafe to the rest; so this expedient was adopted, the best, perhaps, under the circumstances, but not calculated, to say the least of it, to exert any restorative influences upon the patients on either side of the bars.

There are also objections to separate structures for this purpose which to me, appear to be of a most serious character. Although relieved of the stigma which confinement in ordinary prisons would fix to them, the condition of their inmates is scarcely improved. Innocent of any criminal design, the victims of a disease that may happen to the best of us, they are subjected to all the disabilities of ordinary criminals, and to all the severities of penitentiary discipline. We cannot but shrink from the idea of thus disposing of an individual who creditably sustained all the relations of a citizen, friend and father, and perhaps, secured the esteem and gratitude of the community by his public services, until, in obedience to an insane delusion which to him, had all the force of a divine command, he imbrued his hands in the blood of his family, or friend. He did no more than thousands have thought of doing, and many have attempted to do but were prevented by the interference of more vigilant and judicious friends. They recovered, and resumed their accustomed place in society, while he, in consequence of an accident

over which he had no control, suffers for life, a felon's fate, compared with which, death would be a mercy indeed. I do not say that no plan of separate confinement can be possibly devised that shall not possess these objectionable features, for I should be sorry to believe that, in the resources of an inventive philanthropy, there will never be found some way of obviating the difficulties that surround this subject. There can be no doubt of the propriety of providing a few strong rooms in our asylums, as insulated as much as possible, for the accommodation of such as may be sent by the judicial authorities for the purpose of being observed. Some provision of this kind is absolutely necessary before we can encourage such a change in our methods of criminal procedure as will lead to a more just, humane, and satisfactory disposal of that increasing class of criminals who are suspected of insanity.

Size of Institutions for the Insane.—It is every year becoming a question of increasing importance, here as well as in Europe, how large can establishments for the insane be made, consistent with the objects they are designed to promote. On the score of expense, the presumption seems to be in favor of large ones, for it is natural to suppose that the greater the number of the inmates that can be properly cared for, the less will be the relative expense. There is much reason to believe, however, that this is one of those cases in which, propositions theoretically plausible, are not confirmed by experiment. It is difficult to decide the point of comparative cheapness by mere statistical returns of expenses, because these may be influenced by other considerations than the number of the inmates; but so far as they go they have been found in England, to be unfavorable to large hospitals. Mr. Tuke, on mentioning this fact, remarks that it seems as if, in these large establishments, everything must be done on a magnificent scale, and our daily observation teaches us, that frugality is oftener witnessed in connexion with small than with large means. It might be supposed

too that the greater facilities afforded by large establishments, for the more thorough and efficient employment of the patients in useful labor, would tend to reduce their expenses. This is unquestionably correct, but the degree in which this result is obtained, is so slight that it is entitled to a secondary consideration. It is a mistake to suppose that much benefit can be derived from the labor of the insane under the most favorable circumstances. In Hanwell where the number of patients is near one thousand, the Steward informed me that they cleared about £50, in their shoe-shop, and a little more, in the tailor's shop. At this rate, the aggregate of all their profits would reduce but little, the expenses of such a large establishment as that at Hanwell. Similar results have occurred in our own institutions, but it would be out of place here to enter into the details of this subject.

The only essential point then is, the maximum number of patients that can receive the care and attention their case requires, irrespective of considerations of economy. The determination of this point depends on the social and pathological condition of the patients, and some circumstances peculiar to each particular case. Curable patients require far more care and attention, than the incurable. Many of the former require medical treatment, and the effect of the medicine must be often and carefully ascertained. Much time and research are also required, to become acquainted with their thoughts and feelings, and to ascertain what changes they undergo from time to time. Their whims, humors, and caprices must also be carefully watched, and no favorable opportunity must be lost for promoting the patients restoration, by suitably directing his labors and amusements, and turning his thoughts into healthier channels. The services required by the incurable, are less numerous and exacting. Their condition being more fixed, and but little hope entertained of recovery, they need much less of the immediate attention of the superintendent.

Patients from the poor and laboring classes, require less

attention than those from the educated and affluent. In the former, the tedium of confinement is lessened by their fondness of labor; and their ignorance of wants which cannot be gratified in their circumstances, prevents much of that ill-humor, and constant carking care which disturb so much the equanimity of the other class, and render it a far more difficult and serious charge. The one may be easily pacified, perhaps, by a walk in the country, or by some favorite employment, while the other can only be satisfied by long and repeated interviews with the superintendent. It is obvious also that the correspondence connected with the curable, and the educated and affluent patients, as well as the personal communications of the superintendent with their friends must occupy much more of his time.

Dr. Conolly, though in favor of large establishments, fixes the maximum number of patients, at 400. But it must be borne in mind that he has reference to county asylums, or others of a similar character, in which the patients may be chiefly paupers, and chiefly incurable, and that their wants and caprices, as compared with those of such patients in our institutions, are fewer and more easily gratified; that the correspondence connected with them is but trifling; and that the visits of friends are at stated times, but few and far between, and seldom attended with those tedious discussions that lead to nothing but to consume the time of the superintendent. I have no doubt that an establishment such as Dr. Conolly has reference to, could be more easily managed than one of our State asylums, with half the number of patients. Jacobi fixes the maximum number of patients, in a model, curative institution, that is, one that shall receive only curable patients, at 200. But when we consider that many of these would be paupers who would occupy much less of the superintendent's time, than the same class would in our asylums, and that the corps of officers which he deems necessary, is nearly double the number ever adopted in this country, we shall be constrained to reduce somewhat the number of patients proper for our institutions. The English

Metropolitan Commissioners think that an asylum for curable patients should not contain over 250, and that 200 is a more desirable number. In view of testimony like this, we should have stronger evidence than I have yet seen, to warrant us in believing that we shall be ultimately satisfied with institutions carried to the extent they have been, in a few instances, in this country.

In concluding these observations, I would explicitly bear my testimony to the high condition of the institutions I had the pleasure of seeing. It is alike honorable to their superintendents and gratifying to the friends of humanity, that the reform in the care of the insane, so nobly begun by Pinel and so thoroughly effected at the York Retreat, nearly a half century ago, under the auspices of a clear-headed, warm-hearted Quaker who, true to his faith, conceived the idea, that the insane as well as the sane, could best be managed in the spirit of peace and good-will, has finally prevailed in every considerable establishment in Great Britain, France, and Germany. There can now be no fear that future progress in this interesting branch of benevolent exertion, will be slow or vacillating. Under the guidance of Lord Ashley, whose untiring efforts in this cause have won for him a place among the benefactors of the race, a noble step was taken by the English Parliament at its last session, in providing asylums in every county in the kingdom, for the curably insane poor.

I cannot neglect the present opportunity, to express the gratitude I feel, for the attentions I received from the gentlemen connected with the institutions that I examined. The courtesy with which everything of a professional nature within their charge, was brought under my observation, was only equalled by the kindness and hospitality that placed me at once on the footing of an old and esteemed acquaintance. To Dr. Reid of London, whose labors in the art of warming and ventilation, have given him an honorable celebrity on both sides of the Atlantic, and to M. Battelle of

Paris. Director in the Commission of civil hospitals, upon whom I had no claim beyond that of a self-introduced stranger, I am also under deep obligations, for their unwearied endeavors to promote my professional objects, as well as for many friendly offices which I can never forget. If any of these gentlemen should be induced, for like purposes, to visit my own country, I hope they will have equal reason to remember their visit with feelings of gratitude and pleasure.

MISCELLANY.

SECOND MEETING OF THE "ASSOCIATION OF THE MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE."

This Association, it will be recollected, held its first session at Philadelphia in October 1844. The second meeting is to be at Washington, the 11th of May next.

At the Meeting in Philadelphia the following gentlemen were present.

Dr. Samuel B. Woodward, of the Massachusetts State Lunatic Hospital, at Worcester.

Dr. Isaac Ray, of the Maine Insane Hospital, at Augusta.

Dr. Luther V. Bell, of the McLean Asylum for the Insane, Somerville, Mass.

Dr. C. H. Stedman, of the Boston Lunatic Asylum.

Dr. N. Cutter, of the Pepperell Private Asylum, Mass.

Dr. John S. Butler, of the Connecticut Retreat for the Insane, at Hartford.

Dr. Amariah Brigham, of the New York State Lunatic Asylum, at Utica.

Dr. Samuel White, of the Hudson Lunatic Asylum, at Hudson, N. Y.

Dr. Pliny Earle, of the Bloomingdale Asylum, N. Y.

Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane, at Philadelphia.

Dr. William M. Awl, of the Ohio Lunatic Asylum, at Columbus.

Dr. Francis T. Stribling, of the Western Asylum of Virginia, at Staunton.

Dr. John M. Galt, of the Eastern Asylum of Virginia, at Williamsburg.

It is presumed that the same gentlemen will meet at Washington, with the exception of the Vice President of the Association, Dr. White of Hudson, who has since deceased.

In addition we expect Medical Gentlemen at the head of other Institutions for the Insane not heretofore represented, will be present—viz. from New Hampshire 1, Vermont 1, Rhode Island 1, City of New York 2, Friends Asylum Philadelphia 1, Maryland 2, South Carolina 1, Georgia 1, Tennessee 1.

We also hope invitations will be extended to gentlemen in Canada who have charge of similar establishments and also to Physicians in the United States who have heretofore had the care of Institutions for the Insane.

At the first meeting several important subjects were referred to committees—from whom Reports will be expected at the coming session. The subjects thus referred, and the chairman of the Committees, are as follows :

1. On the moral treatment of Insanity,—Dr. Brigham.
2. On the medical treatment of Insanity,—Dr. Woodward.
3. On restraint and restraining apparatus,—Dr. Bell.
4. On the construction of Hospitals for the Insane,—Dr. Awl.
5. On the Jurisprudence of Insanity,—Dr. Ray.
6. On the prevention of suicide,—Dr. Butler.
7. On the organization of Hospitals for the Insane and on a Manual for attendants,—Dr. Kirkbride.
8. On the Statistics of Insanity,—Dr. Earle.
9. On the support of the Pauper Insane,—Dr. Stribling.

10. On Asylums for Idiots and the Demented,—Dr. Brigham.

11. On Chapels and Chaplains in Insane Hospitals,—Dr. Butler.

12. On Post-mortem Examinations,—Dr. Kirkbride.

13. On comparative advantage of treatment in Hospitals and in private practice,—Dr. Ray.

14. On Asylums for colored persons,—Dr. Galt.

15. On the proper provisions for Insane Prisoners,—Dr. Brigham.

16. On the causes and prevention of Insanity,—Dr. Stribling.

ASYLUMS AND SCHOOLS FOR IDIOTS.

Public attention, particularly in the State of New York, has recently been called to the necessity of making better provision for the idiotic. Asylums and Schools for this neglected class have been recommended.

Dr. Brigham in his Annual Report to the Managers of the N. Y. State Lunatic Asylum, presented to the Legislature at the present session, treats of this subject; and Dr. Backus, member of the Senate, has presented to that body an elaborate and very interesting Report on *Schools for Idiots*. The Report when read in the Senate was listened to with marked attention. Three times the usual number were ordered to be printed. We indulge strong hopes that immediate and favorable action will be had upon the subject.

We commend to the attention of the reader the observations of Dr. Ray on the education of idiots in Europe in the present number of the Journal, and also the following extract from a letter from a distinguished American Physician travelling in Germany to a friend in this country.

“I must appropriate the remainder of my sheet to still another enterprise, hardly less wonderful than that of which I have been speaking (teaching the deaf and dumb to speak) undertaken within a few years by the Director of the Berlin institution. This is a school for the education of imbecile children.

The distinguished physiologist, Dr. Muller, had already spoken to me of this establishment, and after we had gone through the apartments of the deaf and dumb, the good Director took us into a little room where, seated around a table, engaged in their studies, were some eight or ten of these poor creatures, boys and girls, with faces more or less indicative of the absence of reason.

The results of his efforts, thus far, have been remarkably and most satisfactorily successful. One little fellow, with a more thoughtful and intelligent face, interested us exceedingly. He was very intently and earnestly at work, writing upon his slate; and still, for three months after his entrance, he was unable to fix either his attention or his eyes upon anything! Another boy considerably advanced—we cannot say in the *recovery*—but in this *creation* or *development* of his reason, was endeavoring to instruct a third on whose face still rested the blank and void expression of idiocy.

Such are the labors that are going quietly and noiselessly on under this hallowed roof:—the lamp of reason lighted,—not in bosoms where passion or disease had extinguished or disarmed it, but where it had never been kindled,—and the dumb literally made to speak!"

Are there no wealthy individuals in our country who are willing to appropriate a part of the fortune with which they are blessed to the permanent relief of this most pitiable class of our fellow creatures?

We know not of an enterprise of benevolence more worthy of such support and patronage.

The celebrated Dean Swift, it may be recollected, gave the bulk of his fortune to a somewhat similar object, and the amount of good that has resulted has been immense. He invested £11,000, for the purpose of erecting and endowing with the income, a Hospital for *Idiots and Lunatics*. The property left by the Dean increased in value, so that now the Hospital which he established accommodates 144 patients, 87 of whom are supported there wholly by the income from the Dean's legacy, and 57 more at a trifling expense.

It is somewhat singular that Dean Swift, should, when in health, thus provide by will for the relief of sufferings which he subsequently endured for many years. He was for some time insane, and finally sunk into an idiotic state, and thus remained for four or five years previous to his death.

The noble charity he thus provided was named by him-

self "St. Patrick's Hospital"—but it is generally called "Swift's Hospital."

FAIR AT THE STATE LUNATIC ASYLUM—UTICA N. Y.

The Third Annual Fair given by the inmates of this noble charity was held on the afternoon of February the 19th inst. The lower hall of the South wing was thrown open to visitors, where were arrayed on tables, the various articles to tempt their liberality. These tables were attended by the inmates, assisted by ladies of the city, whose services were kindly volunteered. The ladies' table was appropriated to the productions of the needle, embroidery, worsted flowers, pen-wipers, socks, stockings, and articles of a similar character, which the fair venders passed off upon customers with as much readiness as if they had been bred behind counters. Another table, which attracted great admiration, displayed the productions of the famous *Whittling School*, and very excellent specimens they were of Yankee ingenuity and taste, in that line, rivaling the Swiss and German schools. Salad spoons and forks, paper knives, wooden chairs, ships, canal boats, cake-stamps, wagons, sleighs, sheep, goats, monkeys, rattles, geese feathered with tooth picks, nimble jacks, and regiments of soldiers in marching order for Oregon, formed part of the show; and the workmanship and finish of most of them were admirable. A patient was pointed out to us, who had been recovered from moods of great despondency by the whittling exercise, which seemed to accord with his taste, and call the right faculties into play.

At the end of the hall was a most tempting array of cakes of every variety, the produce of the Asylum oven, which were pronounced by fair lips, to be as good to eat, as they were to look at; beyond which praise cannot go.

The Postoffice was a great attraction, as usual. Notwithstanding that it defied the economical principle, and ad-

hered to old rates, no letters remained to be advertised. Many of them, which were exhibited for our perusal, had a great deal of "method in their madness," so much as to cause a doubt whether some "*outside* barbarians" had not contributed to the letter box.

The manuscript newspapers, printed with a pen, and circulated among the inmates, excited great curiosity. Some of them are very handsomely executed, and contain paragraphs, at least as pointed and sensible as the average contents of many of our magazines.

The fair was well attended, and was conducted throughout with great propriety, and to the satisfaction of the visitors.—*Utica Observer*.

ACKNOWLEDGEMENTS.

In addition to our usual exchanges, and the Reports of the various Institutions for the Insane in the United States, that have been published since our last number, we have received through James M. Barnard Esq. of Boston a large Package of Reports of Lunatic Asylums in Great Britain.

We have also received "*Observations and Essays on the Statistics of Insanity; including an inquiry into the causes influencing the results of treatment in Establishments for the Insane: to which are added the statistics of the Retreat, near York.*" By John Thurnam, Resident Medical Superintendent of the Retreat, near York." London 1845. also "A Secret Worth Knowing. A Treatise on the most important subject in the World: simply to say, *Insanity*, the only work of the kind in the United States, or, perhaps, in the known world, founded on general observation and truth. By G. Grimes, an inmate of the Lunatic Asylum of Tennessee. Nashville, Tenn. 1845." pp. 94.

The first of the two last mentioned works is very elaborate and valuable, and the latter very curious.

We hope to be able to give a more extended account of all the above mentioned works, in a future number.

We have also received several valuable communications for the Journal, which will appear in the July number.

ASYLUM GAZETTE.

This is the name of a small monthly paper published by the inmates of the New Hampshire Asylum for the Insane at Concord, at 30 cents per annum.

Two numbers have already been issued, mostly made up of original articles, highly creditable to the writers and interesting to general readers. We regret that some other name was not selected as there is danger of confounding it with the *Asylum Journal* a similar paper published at Brattleboro, Vt.

NOTICE.

The committee appointed at the Annual Meeting of the New York State Medical Society in 1845, to carry into effect a resolution passed at the same meeting inviting a National Medical Convention, reported in favor of holding such a Convention in New York City in May next. They also *Resolved to invite the Superintendents of Lunatic Asylums in the several States to attend the same.*

The convention is to assemble the first Tuesday in May, (the 5th) at the College edifice of the New York University, at 10 A. M.

CORRECTION.

Maryland Hospital for the Insane:—In our notice of this excellent Institution in the Oct. number of the Journal, we intimated that the cases of *Mania a potu* received into this Hospital and cured, were enumerated among the recoveries from insanity. We find we were mistaken. They were not included.





